



UMC

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General Board Meeting

Date: July 25, 2018

Location: United Medical Center
1310 Southern Ave., SE, Auditorium
Washington, DC 20032

2018 BOARD OF DIRECTORS

LaRuby Z. May, *Chair*
Matthew Hamilton, *CEO*

Girume Ashenafi
Jacqueline Bowens
Dennis Haightat, MD
Konrad Dawson, MD
Brenda Donald
Malika Fair, MD
Millicent Gorham
Angell Jacobs
Sean Ponder
Velma Speight
Wayne Turnage
Mina Yacoub, MD



OUR MISSION

United Medical Center is dedicated to the health and well-being of individuals and communities entrusted to our lives.

OUR VISION

UMC is an efficient, patient-focused provider of high-quality of healthcare the community needs.

UMC will employ innovative approaches that yield excellent experiences.

UMC will improve the lives of District residents by providing high value, integrated and patient-centered services.

UMC will empower healthcare professionals to live up to their potential to benefit our patients.

UMC will collaborate with others to provide high value, integrated and patient-centered services.



**NFPHC Board of Directors General Meeting
Wednesday, July 25, 2018**

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**THE NOT-FOR-PROFIT HOSPITAL CORPORATION
BOARD OF DIRECTORS
NOTICE OF EMERGENCY TELECONFERENCE MEETING**

LARUBY Z. MAY, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 9:00 a.m. on **Wednesday, July 25, 2018**. The meeting will be held at the United Medical Center, 1310 Southern Ave., SE, Washington, DC 20032 in the Conference Room. Notice of a location, time change, or intent to have a closed meeting will be published in the D.C. Register, posted in the Hospital, and/or posted on the Not-For-Profit Hospital Corporation's website (www.united-medicalcenter.com).

DRAFT AGENDA

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- IV. APPROVAL OF MINUTES**
- VIII. COMMITTEE REPORTS**
Finance Committee
- IX. PUBLIC COMMENT**
- X. OTHER BUSINESS**
 - A. Old Business
 - B. New Business
- XI. ANNOUNCEMENTS**

NOTICE OF INTENT TO CLOSE. The NFPHC Board hereby gives notice that it may close the meeting and move to executive session to discuss collective bargaining agreements, personnel, and discipline matters. D.C. Official Code §§2 -575(b)(2)(4A)(5),(9),(10),(11),(14).



Not-For-Profit Hospital Corporation
GENERAL BOARD MEETING
Wednesday, June 27, 2018

Phoned in: LaRuby May, Wayne Turnage, Brenda Donald, Velma Speight, Millicent Gorham, Angell Jacobs, Dr. Haghghat, Matthew Hamilton, Lilian Chukwuma, Dr. Mina Yacoub, Dr. Malika Fair, Girume Ashenafi, Dr. Mina Yacoub, Jackie Bowen

Absent: Sean Ponder, Dr. Konrad Dawson,

Agenda Item	Discussion	Action Item
Call to Order	Meeting called to order at 9:16 AM. Quorum determined by Michael Austin. Meeting chaired by LaRuby May.	
Approval of the Agenda	Motion, Second. Agenda approved as written.	
Approval of the Minutes	Motion. Second. Minutes approved as written.	
Discussion	<p style="text-align: center;"><u>CONSENT AGENDA</u></p> <p>CHIEF OF MEDICAL STAFF REPORT: Dr. DENNIS Haghghat</p> <ul style="list-style-type: none"> The Plan of Corrections that resulted from the Department of Health Annual visits in April of this year have been successfully submitted. The quality team 	

and leadership teams at UMC are continuing to round daily to assure compliance with these plans. UMC anticipates a likely return visit by DOH and CMS in July of 2018 and expects that these bodies will find us in full compliance with the plan of correction at that time and going forward.

- The number of visits to our ER and the number of resulting admissions to UMC continue to track at the projected 2018 budget levels. UMC is experiencing positive variances to budget in the number of ER visits resulting in admissions to observation status and in Medicare Case Mix Index compared to our 2018 budget levels. In the months of April and May the number of patients admitted to the Behavioral Health Unit (BHU) were 30% above historical levels. We have seen a drop off in BHU admissions in the early part of this month and we are monitoring this to see if this is just a temporary decrease or a trend.
- The transition to the GW ER group continues at a smooth pace and UMC and GW leadership continue to meet on a weekly basis to assure that this trend continues. Weekly transition meetings with the GW hospitalist group started this month and orientation sessions for the new providers have been scheduled, and in some cases completed, and the remaining sessions will be completed by the end of this month.
- Dr. Haghghat's focus will now turn to improving the productivity and service to our community from the UMC primary care clinic. Meetings with the clinic leaders have taken place and meetings with individual providers will have been completed by the time of this month's Board meeting. The goal will be to significantly increase the number of Southeast Washington residents that we serve each month.

EXECUTIVE MANAGEMENT REPORT: CEO Hamilton

- District of Colombia Department of Health survey was completed 4/11/18, findings include: Governance; Infection Control and environmental oversight;

QAPI and oversight of Infection Control activities; Pharmaceutical Services; and Physical environment.

- **THE LEAPFROG SURVEY:** Every year, hospitals across the country demonstrate their commitment to transparency and quality improvement through the Leapfrog Hospital Survey. United Medical Center participated in 2016. The organization is completing the survey this year in a commitment to improve patient safety and accountability. The deadline is June 31, 2018.
- UMC has reduced Severe Sepsis mortality from 36% in the first quarter of 2017 to 14% which aligns with National benchmarks.
- The UMC Patient Care Services (PCS) made significant gains in a number of safety and quality measures. Nurse-led initiatives were behind many of the improvements made in the beginning of this year. PCS is committed in working with the Quality Department in addressing DOH Plan of Correction (POC).
- For SNF, Ambassadorship program was initiated where nursing leadership is assigned to different rooms to perform follow-up assessments and ensure resident satisfaction and quality care are provided consistently.
- Control of overtime remains a challenge especially in the Emergency Room (8 FTEs over). With GWMFA joining UMC ED, the need to increase RN FTE (goal is 9 RNs per shift and 5-6 Techs) is needed to accomplish the ED metrics identified. The total FTEs needed to meet this goal is 10.8 and the use of agency and RN travelers cannot be avoided. Aggressive hiring is in place and with the new staff recruited, patient throughput is expected to improve.
- On April 15, 2018 BHU implemented a Virtual Intake Process in the ER with the purpose of reducing ER disposition time for Psych patients. ED RNs and MDs were trained about the new process with the steep learning curve. Staff were re-in-serviced on how to do Mini Mental status Exams.
- Marcia Nicholson is the new Director of Human Resources.

Patient Safety and Quality: Dr. Fair

- PSQ Committee met in April of 2018.

- Card reader needed to enter the ED is active
- Panic buttons have been installed which gives the ability to lock down ER if needed

- **Motion to approve Pharmacy Infection Control Policy No: IC 8D-22. Second. Policy approved.**

FINANCE COMMITTEE: DIRECTOR BRENDA DONALD

- Comparative financials have been presented based on original forecast run-rate annualized and adjusted for gap measure initiatives which were originally slated to start in April 2018
- Cash on Hand at the end of May was 17.31 days, excluding capital funds
- May showed an operating gain of \$1.9M which is a result of the \$2M operational subsidy realized.
- Initiatives Watch from March have realized some savings: psych growth, documentation review, ER admissions,

New Businesses: Accountability Committee will include the audit committee + Director Donald.

Strategic Planning Committee: Director Donald will meet with new and old partners to oversee UMC’s partnerships. Will make a focus on Diabetes Day and Diabetes in our community.

Vote to return to Open Session:

Roll Call:

- May yes.
- Turnage yes.
- Donald yes.

- Dr. Fair Yes
- Ashenafi Yes
- Speight Yes.
- Gorham Yes.
- Jacobs Yes.

Roll Call Return to Open Session:

- May Yes.
- Donald Yes.
- Speight Yes.
- Gorham Yes.
- Jacobs Yes.

Closed Session Minutes transcribed separately.
June 2018 Board Meeting Adjourned at 1:07 PM by Chair May.



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General Board Meeting

Date: July 25, 2018

CMO REPORT

Presented by:

Dennis Haghghat, MD
Chief Medical Officer



The Not-for-Profit Hospital Corporation, commonly known as United Medical Center or UMC, is a District of Columbia government hospital (not a private 501(c)(3) entity) serving Southeast DC and surrounding Maryland communities

Our Mission:

United Medical Center is dedicated to the health and well-being of individuals and communities entrusted in our care.

Our Vision:

- UMC is an efficient, patient-focused, provider of high quality healthcare the community needs.
- UMC will employ innovative approaches that yield excellent experiences.
- UMC will improve the lives of District residents by providing high value, integrated and patient-centered services.
- UMC will empower healthcare professionals to live up to their potential to benefit our patients.
- UMC will collaborate with others to provide high value, integrated and patient-centered services.



Eric Li, M.D.
Interim

July 2018



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Medical Staff Summary

Medical Staff Committee Meetings

Medical Executive Committee Meeting, Dr. Mina Yacoub, Chief of Staff

The Medical Staff Executive Committee (MEC) provides oversight of care, treatment, and services provided by practitioners with privileges on the UMC medical staff. The committee provides for a uniform quality of patient care, treatment, and services, and reports to and is accountable to the Governing Board. The Medical Staff Executive Committee acts as liaison between the Governing Board and Medical Staff.

Peer-Review Committee, Dr. Gilbert Daniel, Committee Chairman

The purpose of peer review is to promote continuous improvement of the quality of care provided by the Medical Staff. The role of the Medical Staff is to provide evaluation of performance to ensure the effective and efficient assessments and education of the practitioner and to promote excellence in medical practices and procedures. The peer review function applies to all practitioners holding independent clinical privileges.

Pharmacy and Therapeutics Committee, Dr. Eskender Beyene, Committee Chairman

The Pharmacy and Therapeutics Committee discusses all policies, procedures, and forms regarding patient care, medication reconciliation, and formulary medications prior to submitting to the Medical Executive Committee for approval.

Credentials Committee, Dr. Barry Smith, Committee Chairman

The Credentials Committee is comprised of physicians who review all credential files to ensure all items such as applications, dues payment, etc. are appropriate. Once approved through Credentials Committee, files are submitted to the Medical Executive Committee and the Governing Board.

Medical Education Committee, Dr. Jerome Byam, Committee Chairman

The Medical Education Committee was formed to review all upcoming Grand Rounds presentations. The committee discusses improvements and new ideas for education of clinical staff.

Performance Improvement Committee, Committee Chairman

The Performance Improvement Committee is comprised of 1-2 representatives from each department who report monthly on the activity of each department based on standards established by the Joint Commission, the Department of Health, and the Centers for Medicare and Medicaid Services (CMS).

Bylaws Committee, Dr. David Reagin, Committee Chairman

Members include physicians who meet to discuss implementation of new policies and procedures for bylaws, as it pertains to physician conduct.

The Medical Staff Bylaws, Rules and Regulations have been revised in preparation for the upcoming Joint Commission inspection. The changes were reviewed, discussed and approved by the Bylaws Committee and will be forwarded to the Medical Executive Committee and then the Board of Directors for review and approval.

Physician IT Committee

Members include physicians who meet to discuss the implementation of the new hospital-wide Meditech upgrade, as well as the physician documentation for ICD-10.



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DEPARTMENT CHAIRPERSONS

Anesthesiology.....Dr. Amaechi Erondu

Critical CareDr. Mina Yacoub

Emergency Medicine..... Francis O’Connell

MedicineDr. Musa Momoh

Pathology.....Dr. Eric Li

PsychiatryDr. Surendra Kandel

Radiology.....Dr. Raymond Tu

Surgery Dr. Gregory Morrow



Departmental Reports



ABO Rh	Blood Typing and Rhesus Factor
ALOS	Average Length of Stay
AMA rate	Against Medical Advice Rate
BHU	Behavior Health Unit
BI RADS	Breast Imaging Reporting and Data System
CAUTI	Catheter Associated Urinary Tract Infection
CCHD	Critical Congenital Heart Defect
CLABSI	Catheter Associated Urinary Tract Infections
CPEP	Comprehensive Psychiatric Emergency Program
CT	Computerized Tomography
ED	Emergency Department
EGD	Esophagogastroduodenoscopy
ERCP	Endoscopic Retrograde Cholangiopancreatography
FT FTE	Full-time employee
ESR Control	Erythrocyte Sedimentation Rate
HELLP Syndrome	Hemolysis, Elevated Liver Enzymes, Low Platelet Counts
HCAHP	Hospital Consumer Assessment of Healthcare Providers and Systems
HIM	Health Information Management
HTN/PIH	Hypertension/Pregnancy-Induced Hypertension
ICD 10	International Classification of Diseases
ICU	Intensive Care Unit
IMC	Intermediate Care Unit
LWBS	Left without Being Seen
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
NICU	Neonatal Intensive Care Unit
NHSN	National Healthcare Safety Network
NASCET	North American Symptomatic Carotid Endarterectomy
OR	Operating Room
PI	Performance Improvement
PICC	Peripherally Inserted Central Venous Catheter
PIW	Psychiatry Institute of Washington
PP Hemorrhage	Post-Partum Hemorrhage
RRT	Rapid Response Team
SW	Social Worker
VAP	Ventilator Associated Pneumonias
VAE	Ventilator Associated Event
VBAC	Vaginal Birth After Cesarean
VTE	Venous Thromboembolism



Eric Li, M.D.
Interim

The DOH revisited UMC on July 2nd 2018 and UMC was found to be deficient in several areas. The areas of deficiency included findings in the area of the tracking of pain medication and insulin administration and although many of the problems in the pharmacy IV room were resolved there continued to be some residual problems. On a positive note the findings in the area of Infection Prevention have been resolved. We are working diligently on the new and remaining findings and anticipate another DOH visit this month.

ER visits and admissions remained stable while we continued to experience positive trends in Behavioral Health Unit census compared to recent historical trends. This increase in census started in April and has been sustained into July.

UMC successfully transitioned to a new hospitalist group on July 1st. To date no major problems have been identified and UMC and GW continue to meet weekly and as needed to assure a smooth transition. As we get beyond our initial integration we anticipate improvements in length of stay and patient flow as a result of this new relationship.

In conjunction with UMC's primary care providers and staff we have begun to address ways in which we can serve more of our community's patients. I am also happy to announce that we have hired a full time provider for the mobile van who will start working in August. Her presence will allow one of our vans to be in the community 5 days per week.



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Anesthesiology Department
Amaechi Ewoundu, M.D., Chairman

PERFORMANCE SUMMARY:

The overall cases for the month of JUNE 2018 were 195. Total surgical cases were 89 while Endoscopy cases were 106. Our out-patient volume took a dip to 100 cases

We have substantially reduced late surgical cases (Elective) after 17:30 with the continued assistance of the surgical department.

QUALITY INITIATIVES AND OUTCOME:

SCIP protocol is consistently ensured for all our patients with no fall outs. Surgical and anesthesia time outs are followed per protocol including preoperative antibiotics, temperature monitoring and all relevant quality metrics.

Review of the facility anesthesia performance benchmarked with Age and co-morbidity compares well with other facilities.

We are proud to announce that we had deployed the anesthesia pyxis machine. This is milestone, almost 3 years in the making. This allows us to have a centralized medication management system in the operating rooms. It provides for medication waste management and appropriate utilization of resources.

We are hoping to secure an Anesthesia Information Management System (AIMS). This will centralize all documentations, quality metrics and facilitate efficient revenue cycle management.

We will reintroduce REGIONAL ANESTHESIA service to support the surgical orthopedic patient service. Our goal is to improve patient satisfaction, reduce overall opioid requirement for post-op pain control and reduce patients hospital length of stay.

EVIDENCE-BASED PRACTICE:

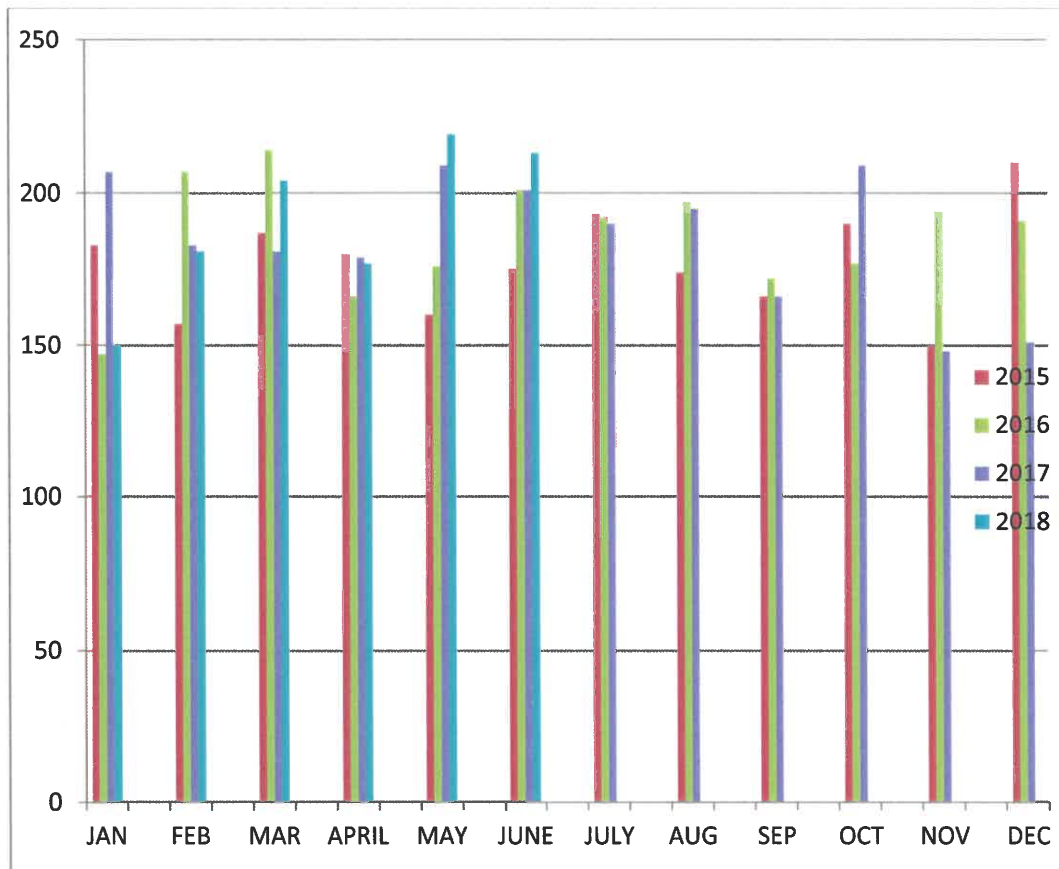
Anesthesia department is continuing to review all current policies and update them to align with the best practices. Our Providers continuously provide evidence based practice and peer review to ensure quality patient care

SERVICE (HCAHPS) SATISFACTION:

The Anesthesia Providers continue to provide quality service to our patients. We continue to provide real-time performance assessment of the anesthesia providers. We provide standardized service that ensures patient satisfaction.

BILLING AND REVENUE CYCLE MANAGEMENT:

We have ensured that our providers are oriented to the ICD 10 requirements for both the anesthesia and hospital billing portions. We monitor closely documents and chart by our providers to ensure chart completion at the appropriate time.





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Critical Care Department

Mina Yacoub, M.D., Chairman

PERFORMANCE SUMMARY

In June 2018, the Intensive Care Unit had 57 admissions, 61 discharges, and 296 Patient Days, with an Average Length of Stay (ALOS) of 4.8 days. The ICU managed 69 patients in June. The ICU managed 21 patients with severe sepsis and septic shock in June with 3 deaths attributed to severe sepsis/septic shock for a sepsis specific mortality rate of 14% which is in line with national benchmarks.

QUALITY OUTCOMES

Core Measures Performance - ICU continues to work with Quality Department to meet sepsis metrics.

Morbidity and Mortality Reviews

1. ICU Mortality

ICU had 7 deaths for 69 patients managed, with an overall ICU mortality rate of 10 % for June. Mortality review is conducted in July Critical Care Committee meeting with Quality Department.

2. Severe Sepsis and Septic Shock

ICU managed 21 patients with severe sepsis and septic shock in June. Three ICU deaths are directly attributable to severe sepsis and septic shock, with an ICU sepsis specific mortality rate of 14%. Quality Department under leadership of Ms. Tina Rein is working in a multidisciplinary effort with ICU, ED and Hospitalists to improve and monitor performance on sepsis measures, and we are beginning to see improving performance and outcome metrics. It is important to note we need to see a continued trend of improvement.

3. Infection Control Data

Infection control data for June is being compiled by Infection Control RN and will be presented to Critical Care Committee. ICU infection rates continue to be much lower than national averages. ICU infection rate data is reported regularly to the National Healthcare Safety Network (NHSN).

4. Rapid Response and Code Blue Teams

ICU continues to lead, monitor and manage the Rapid Response and Code Blue Teams at UMC. Reports are reviewed in Critical Care Committee meeting with Nursing and Quality Department. Goal is to increase utilization of Rapid Response Teams in order

to decrease cardiopulmonary arrest episodes on the medical floors, and improve patient outcomes. May and June data would be presented in July meeting.

5. Care Coordination/Readmissions

In June, 69 patients were managed in the ICU. There were no readmissions to the ICU within 48 hours of transfer out.

Evidence-Based Practice (Protocols/Guidelines)

Evidence based practices continue to be implemented in ICU with multidisciplinary team rounding, ventilator weaning, infection control practices, and patient centered practices. New initiative being implemented with Infection Prevention team is Hand Hygiene. Infection Prevention team is monitoring performance.

Growth/Volumes

ICU is staffed 24/7 with in-house physicians and has a 16 bed capacity and is looking forward to operating at full capacity and full potential.

Stewardship

ICU continues to implement and monitor practices to keep ICU ALOS low and to keep hospital acquired infections and complications low.

ICU continues to precept George Washington University Physician Assistant students during their clinical rotations in UMC ICU.

Financials - We are requesting feedback on ICU financial performance.

Needed Steps to Improve Performance

Nursing staffing continues to be a challenge and we need more critical care nurse recruitment, and importantly, nurse retention. Goal is to continue to provide safe and high quality patient care, caring for patients with increased illness acuity, providing best evidence based practice, all while keeping ALOS low and preventing Hospital Acquired infections and complications. Working closely with Quality Department and Infection preventionist to ensure we continue to meet benchmarks.



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Emergency Medicine Department

Francis O'Connell, M.D., Chairman

Attached are the summary of Emergency Department (ED) volume, key measures and throughput data for Jun 2018 as well as data from the preceding months of 2018.

The daily census and ambulance traffic was similar to previous months.

We made some minor adjustments to the reported admission statistics. The total number of admissions is being reported with a breakdown into medical/surgery and psychiatric admissions.

Most notable in the summary of statistics for the month of June was the boarding time of admitted medical/surgical patients. Previous months boarding times were approximately 20-40 minutes, however this month boarding times for medical/surgical patients rose to 296 minutes.

We continue to work with hospital leadership in identifying ways to facilitate the transport of women in labor, late term obstetric emergencies, and other critically ill patients.

ED Volume and Events 2018

	Jan	%	Feb	%	Mar	%	Apr	%
Total patients	5027		4656		4881		4783	
Daily Avg Census	162		166		157		159	
Admit	507	10.1%	515	11.1%	498	10.2%	496	10.4%
- Med/Surg	436	8.7%	437	9.4%	425	8.7%	409	8.6%
- Psych	71	1.4%	78	1.7%	73	1.5%	87	1.8%
Transfer	60	1.2%	55	1.2%	86	1.8%	90	1.9%
AMA	73	1.5%	55	1.2%	56	1.1%	49	1.0%
Eloped	36	0.7%	35	0.8%	45	0.9%	38	0.8%
LWBS	109	2.2%	79	1.7%	101	2.1%	107	2.2%
Left Prior to Triage	189	3.8%	168	3.6%	156	3.2%	235	4.9%
Ambulance Arrivals	1541	30.7%	1364	29.3%	1453	29.8%	1314	27.5%

ED Volume and Events 2018

	May	%	Jun	%
Total patients	5071		4832	
Daily Avg Census	169		161	
Admit (total)	533	10.5%	526	10.9%
- Med/Surg	431	8.5%	429	8.9%
- Psych	102	2.0%	97	2.0%
Transfer	90	1.8%	69	1.4%
AMA	40	0.8%	44	0.9%
Eloped	45	0.9%	36	0.7%
LWBS	148	2.9%	149	3.1%
Left Prior to Triage	249	4.9%	260	5.4%
Ambulance Arrivals	1468	28.9%	1319	27.3%

ED Throughput Jun 2018 (time in minutes)

	Median Times	Average Time
Admissions		
Door to triage	13	22
Door to room	28	54
Door to provider	28	54
Door to decision	256	286
Door to departure	492	614
Time to provider		
Time to provider	0	0
Time to admit decision	228	232
Boarding time	236	328
Discharges		
Door to triage	21	29
Door to room	80	105
Door to provider	91	112
Door to decision	231	251
Door to departure	265	289
Time to provider	11	7

Time to discharge decision	140	139
Waiting to depart	34	38
Transfers		
Door to triage	14	25
Door to room	37	64
Door to provider	37	64
Door to decision	228	315
Time to provider	0	0
Time to transfer decision	200	251

ED Throughput 2018 (median times in minutes)

	Jan	Feb	Mar	Apr	May
Admissions (Med/Surg)					
Door to triage	17	16	15	19	15
Door to room	22	23	25	32	27
Door to provider	22	23	25	33	27
Door to decision	245	264	245	256	265
Door to departure	271	286	261	300	296
Time to provider	0	0	0	1	0
Time to admit decision	223	241	220	223	238
Boarding time	26	22	16	44	31
Discharges					
Door to triage	22	22	19	24	24
Door to room	63	65	51	81	84
Door to provider	75	78	67	92	95
Door to decision	187	188	180	229	220
Door to departure	233	234	222	276	270
Time to provider					
Time to discharge decision					
Waiting to depart	46	46	42	47	50
Transfers					
Door to triage	16	15	13	12	14
Door to room	24	22	22	26	36
Door to provider	24	28	26	29	36

Door to decision	266	267	291	221	239
Time to provider	0	6	4	3	0
Time to transfer decision	242	239	265	192	203

ED Throughput 2018 (median times in minutes)

	Jun				
Admissions (Med/Surg)					
Door to triage	13				
Door to room	28				
Door to provider	28				
Door to decision	256				
Door to departure	492				
Time to provider	0				
Time to admit decision	228				
Boarding time	236				
Discharges					
Door to triage	21				
Door to room	80				
Door to provider	91				
Door to decision	231				
Door to departure	265				
Time to provider	11				
Time to discharge decision	140				
Waiting to depart	34				
Transfers					
Door to triage	14				
Door to room	37				
Door to provider	37				
Door to decision	228				
Time to provider	0				
Time to transfer decision	191				



Internal Medicine Department

Musa Momoh, M.D., Chairman

Department of Medicine continues to be the main source of admissions and discharges for the hospital:

- The department was responsible for 2,081 out of 2,646 hospital days. The total admissions through the department were 329 out of total of 429 for the hospital (75%) and the number of discharges was 304 out of a total of 412 for the hospital (74%).
- The department was responsible for 155 out of 161 observation days.
- The average length of stay for the department was 6.8 days.
- There was a smooth transition from the United Hospitalist Group to the GW MFA, this happened on July 1st, 2018.

Please welcome the GW MFA hospitalist.



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Pathology Department

Eric Li, M.D., Chairman

Month	01	02	03	04	05	06	07
Reference Lab test - Urine Protein 90% 3 days	100%	58%	98%	98%	98%	98%	
	40/40	28/48	52	82	90	84	
Reference Lab specimen Pickups 90% 3 daily/2 weekend/holiday	92%	93%	81%	70%	88%	80%	
	66/72	65/70	13	13	14	16/20	
Review of Performed ABO Rh confirmation for Patient with no Transfusion History (Benchmark 90%)	100%	100%	100%	100%	100%	100%	
Review of Satisfactory/Unsatisfactory Reagent QC Results (Benchmark 90%)	100%	100%	100%	100%	100%	100%	
Review of Unacceptable Blood Bank specimen (Goal 90%)	98%	99%	98%	100%	100%	99%	
Review of Daily Temperature Recording for Blood Bank Refrigerator/Freezer/incubators (Benchmark <90%)	100%	100%	100%	100%	100%	100%	
Utilization of Red Blood Cell Transfusion/ CT Ratio - 1.0 - 2.0	1.3	1.2	1.2	1.2	1.2	1.2	
Wasted/Expired Blood and Blood Products (Goal 0)	4	-0-	2	3	7	6	
Measure number of critical value called with documented Read Back 98 or >	100%	100%	100%	100%	100%	100%	
Hematology Analytical PI	100%	100%	100%	100%	100%	100%	
Body Fluid	13/13	12/12	6/6	15/15	10/10	9/9	
Sickle Cell	0/0	2/2	2/2	0/0	1/1	2/2	
ESR Control	100	100%	96%	100%	100%	100%	
	19/19	18/18	22/23	31/31	27/27	23/23	
Delta Check Review	100%	99%	100%	100%	100%	100%	
	162/162	164/165	186/186	156/156	195/195	169/169	

LABORATORY PRODUCTIVITY RESULTS - We developed performance indicators we use to improve quality and productivity.

TURNAROUND TIME - Turnaround time is a critical factor that directly influences customer satisfaction.

CUSTOMER SATISFACTION - The key to business is providing great customer service, superior quality, and creating a unique customer experience.

COMPLAINTS - Complaints are an important metric for evaluating the quality of our laboratory processes.

EQUIPMENT DOWNTIME - It is important that laboratories track, monitor, and evaluate equipment failure rates and down time.



Psychiatry Department

Surendra Kandel, M.D., Chairman



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		May	June	YTD
Referrals				
Total Admissions		105	99	629
	CPED	15	11	134
	UMC ED	89	83	437
	GWU	0	0	4
	Providence	0	0	4
	Georgetown	0	1	8
	Sibley	0	0	2
	UMC Medical/Surgical Unit	1	2	9
	Children Hospital	0	0	0
	Howard	0	0	5
	Laurel Regional Hospital	0	0	1
	Washington Hospital Center	0	0	2
	Suburban	0	0	0
	PIW	0	0	0
	Other/Not Listed	0	2	20
Other Measures				
	ED to Psych Admissions (Target: <2 hours)	2.7	1.9	3.35
	Psychosocial Assessments (Target: 100%)	86%	91%	89%
	Discharge Appointments for D/C'ed > 72 hours (target 100%)	80%	95%	92%
	Treatment Planning (Target: 100%)	79%	78%	76%
Discharge Appointments				
	Discharged appointments for those D/C'ed > 24 hours	74	0	332
	# of patients with no Discharge Appointment due to D/C'ed less than 24 hours	4	0	12
	# discharged to home without appointments/No discharge appointment information provided	0	4	10
	Patient declines outpatient services	0	0	5
	Discharged to medical unit	1	11	16
	Transferred to St. Elizabeth's	1	3	15
	Discharge appointments for those D/C'ed> 72 hours (Target: 100%)	80%	95%	94%
	Patients who went to court	1	1	7



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Radiology Department

Raymond Tu, M.D., Chairman

Performance Summary:

EXAM TYPE	INP		ER		OUT		TOTAL	
	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS	EXAMS	UNITS
CARDIAC CATH	3						3	
CT SCAN	101		619		235		955	
FLUORO	25				15		40	
MAMMOGRAPHY					131		131	
MAGNETIC RESONANCE ANGIO	1				3		4	
MAGNETIC RESONANCE IMAGING	35		5		51		91	
NUCLEAR MEDICINE	8				6		14	
SPECIAL PROCEDURES	25				2		27	
ULTRASOUND	85		211		215		511	
X-RAY	148		975		819		1942	
CNMC CT SCAN			25				25	
CNMC XRAY			414				414	
GRAND TOTAL	431		2249		1477		4288	

Quality Initiatives, Outcomes, etc.

1. Core Measures Performance

100% extra cranial carotid reporting using NASCET criteria

100% fluoroscopic time reporting

100% presence or absence hemorrhage, infarct, mass

100% reporting <10% BI RADS 3

Radiology staff and director are addressing requests for more after hour imaging studies and the need for dual modality technologists for staffing and modality efficiency. The fluoroscopy replacement project is in progress and the availability of the C arm is being used for speech pathology assessments. The radiology department data backup system has not been completed and is a source of vulnerability. The radiology department transfer of historical tape data from the legacy computer system to the new computer system has not occurred yet with continued discussions with IBM the vendor. The radiology department had several power issues this month which required computer systems and internet to be

restarted. CT room 1 cooling system was not optimal and a replacement cooling system for the room was installed. CT operations were not interrupted as CT room 2 was used. The hallways in the radiology department were beautifully repainted with installation of new signage.

2. **Morbidity and Mortality Reviews:** There were no departmental deaths.
3. **Code Blue/Rapid Response Teams (“RRTs”) Outcomes:** none.
4. **Care Coordination/Readmissions:** Patient experience and ease of scheduling with the call center will be addressed to improve ease of scheduling. Physician complaints of weekend orders not being completed in a timely manner is being addressed.
5. **Evidence-Based Practice (Protocols/Guidelines)** We continue to collaborate with clinical staff on clinical decision support. The radiology volumes for June was the highest this year. The MRI volumes in June were the highest for the year and reflects the evidenced based and enhanced clinical decision experience by the emergency department.
6. **Service (HCAHPS Performance/Doctor Communication)**

The radiology department working well with the emergency department new staff and have assisted with onboarding with hospitalists for PACS training.

Stewardship: Dr. Tu, president elect of the Medical Society of the District of Columbia continues to advocate for patients and health care for all District of Columbia residents at the American Medical Association House of Delegates June 2018.



The District of Columbia AMA Delegation team with medical student section from the George Washington University (*upper left*), AMA House of Delegates (*upper right*), Dr. Tu and Pineda (*lower left*) and District of Columbia Delegates and Mr. Shanbacker, Medical Society of the District of Columbia outgoing Executive Vice President.



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Surgery Department

Gregory Morrow, M.D., Chairman

For the month of JUNE 2018, the Surgery Department performed a total of 213 procedures.

The chart below shows the annual and monthly trends over the last 6 calendar years:

	2013	2014	2015	2016	2017	2018
JAN	173	159	183	147	216	155
FEB	134	143	157	207	185	194
MAR	170	162	187	215	187	223
APRIL	157	194	180	166	183	182
MAY	174	151	160	176	211	219
JUNE	159	169	175	201	203	213
JULY	164	172	193	192	189	
AUG	170	170	174	202	191	
SEP	177	168	166	172	171	
OCT	194	191	181	177	214	
NOV	137	157	150	196	152	
DEC	143	183	210	191	153	
TOTAL	1952	2019	2116	2242	2255	1186

Over the last 2 quarters our surgical volumes have shown a steady rebound back to levels that are more in line with the consistency and growth we would expect.

(Some of the current numbers may have changed from previous months reports and reflect corrections in how some procedures or sets of procedures were recorded)

We continue to work diligently to increase our efficiencies and productivity while, at the same time, delivering the highest quality of care.

We continue to meet and / or exceed the quality measures outlined for the Surgery Department. These include Selection of Prophylactic Antibiotics, VTE Prophylaxis, Anastomotic Leak Interventions and Unplanned Reoperation.

SURGERY SUMMARY REPORT FOR JUNE 2018

The OR Committee will meet in July 2018 with the following action items:

1. On-going evaluation of OR start times and room turnover times to determine where our processes can be made more efficient.
2. Continued monitoring of after-hours cases to determine the appropriateness and optimization of available resources.
3. On-going assessment of how best to utilize technology to improve our patient throughput and overall satisfaction across the entire perioperative spectrum.

For our vascular surgery services, we have updated some of the patient monitoring and safety standards and have made the necessary purchase requests to meet these guidelines. These efforts are designed not only to improve care and safety, but also to expand the types of procedures that we will be able to offer the community we serve.

The following projects are going well and will undergo continuous evaluation and modification as necessary:

1. ***Weekly OR Rounds*** where the major surgical procedures to be performed on any given week will be discussed including Diagnosis, Indications and Appropriateness of Planned Procedures, Alternative Therapies and Anticipated Outcomes. This will begin with the General Surgery Department with the other subspecialties to follow. This will be a Prospective Review.
2. ***Monthly / Bi-Monthly Morbidity and Mortality Rounds*** where ALL Complications and Adverse outcomes for patients will be analyzed. This will be a multidisciplinary conference including but not limited to Surgery, Internal Medicine, Anesthesia, Pathology and ICU. This will be a Retrospective Review.

It is our goal to use these initiatives to improve standardization and reduce unnecessary variability of care and to bolster patient satisfaction and outcomes.

Surgery and Perioperative Services continue to collaborate with Finance to obtain vital data that will allow for better evaluation our current volumes as they relate to the needs of the community and current allocation of resources. This is an ongoing process and will continue to be modified as necessary to meet the outlined goals and objectives.

The ultimate goals being:

1. To identify the SERVICE LINES that are best suited for UMC and the community
2. To develop a STRATEGIC PLAN that will focus of meaningful and sustainable growth in the market place NOT just the volume of cases alone
3. To improve our PATIENT CARE AND SAFETY objectives.

**Medical Affairs
Sarah Davis, BSHA, CPMSM**

**UMC Medical Affairs Monthly Report
June 2018**

APPLICATIONS IN PROCESS
(Applications received through June 30, 2018)

Department	# of Application in Process
Allied Health Practitioners	5
Anesthesiology	0
Emergency Medicine	6
Medicine	7
Pathology	0
Psychiatry	0
Radiology	0
Surgery	1
TOTAL	19

DEPARTMENT HIGHLIGHTS AND ANNOUNCEMENTS

	2015	2016	2017	2018 Through June 30th
Total Number of Initial Appointments	48	30	23	57

	Jan	Feb	Mar	Apr	May	Jun
Total Number of Initial Appointments in 2018	2	4	27	1	9	14

MEDICAL STAFF CREDENTIALING ACTIVITY
APRIL - JUNE 2018

NEW APPOINTMENTS

Assya Abdallah, M.D. (Emergency Medicine)
Timur Alptunaer, M.D. (Emergency Medicine)
Shant Ayanian, M.D. (Medicine/Hospitalist)
Scott Berkenblit, M.D. (Orthopedic Surgery)
Sonal Batra, M.D. (Emergency Medicine)
Kenneth Chong, M.D. (Radiology)
Nabil Fallouh, M.D. (Medicine/Hospitalist)
James Gehring, M.D. (Medicine/Hospitalist)
Natalie Giles, M.D. (Medicine/Hospitalist)
Tress Goodwin, M.D. (Emergency Medicine)
Deidre Hilliard, M.D. (Internal Medicine)
Anne Lesburg, M.D. (Medicine/Hospitalist)
Lei Lynn, M.D. (Medicine/Hospitalist)
Jancy Mathew, M.D. (Medicine/Hospitalist)
Caitlin Minge, M.D. (Medicine/Hospitalist)
Courtney Paul, M.D. (Medicine/Hospitalist)
Kirsten Poehling-Monaghan, M.D. (Orthopedic Surgery)
Juan Reyes, M.D. (Medicine/Hospitalist)
Thomas Shaver, M.D. (Psychiatry)
Karolyn Teufel, M.D. (Medicine/Hospitalist)
Dianne Thompson, M.D. (Medicine/Hospitalist)
Dina Abdelsamad, PA-C (AH-Emergency Medicine)
Shalini Gehani, N.P. (AH-Internal Medicine/Hospitalist)
Alfonsine Mofor, N.P. (AH-Internal Medicine/Hospitalist)
Caroline Pratt, N.P. (AH-Emergency Medicine)

PROVISIONAL REVIEW

Benny Iko, M.D. (Radiology/Active)
Ronald Wilcox, M.D. (Infectious Disease/Courtesy)

MEDICAL STAFF CREDENTIALING ACTIVITY
APRIL – JUNE 2018

REAPPOINTMENTS

Janelle Dennis, M.D. (Internal Medicine/Active)
Assefa Gebreselassie, M.D. (Pediatrics/Affiliate)
Roopali Gupta, M.D. (Nephrology/Courtesy)
Joelle Mays, M.D. (Gynecology/Affiliate)
Audrey McCarron, M.D. (Radiology/Telemedicine)
Robert Paley, M.D. (Radiology/Active)
Barry Smith, M.D. (Internal Medicine/Active)
Raymond Tu, M.D. (Radiology/Active)
Jason Yoon, M.D. (Internal Medicine/Affiliate)
Erin Athey, N.P. (Internal Medicine/Allied Health)
Shona Chandon-Cooke, PA-C (Emergency Medicine/Allied Health)
Nancy Murphy, N.P. (Medicine/Allied Health)

RESIGNATIONS

Jonathan Abraham, M.D. (Emergency Medicine)
Nwogo Agbasi, M.D. (Gynecology)
Sandra Banks, M.D. (Emergency Medicine)
Jalan Burton, M.D. (Pediatrics)
Craig Dates, M.D. (Emergency Medicine)
Ikenna Ezumba, M.D. (Nephrology)
Ted Fan, M.D. (Emergency Medicine)
Richard Ferraro, M.D. (Emergency Medicine)
Mohammad Ghandi, M.D. (Emergency Medicine)
Mary Jacob, M.D. (Emergency Medicine)
Anthony Jones, II, M.D. (Emergency Medicine)
John Kelly, M.D. (Emergency Medicine)
Rehema Kutua, M.D. (Pediatrics)
Kenneth Nalaboff, M.D. (Radiology)
Michael Nitzberg, M.D. (Emergency Medicine)
Joe Nuni, M.D. (Emergency Medicine)
Omalara Oyedele, M.D. (Emergency Medicine)
Wendell Pierson, M.D. (Emergency Medicine)
Monique Rainford, M.D. (Gynecology)
Nour Rifai, M.D. (Emergency Medicine)
Drew Shiner, M.D. (Emergency Medicine)
Gordon Taylor, M.D. (Emergency Medicine)
John VanDam, M.D. (Internal Medicine)
Karen Wooten, M.D. (Psychiatry)

ANNOUNCEMENTS

Medical Staff Meetings July

July 6, 2018 at 2:00 pm	Performance Improvement Committee
July 9, 2018 at 12:00 pm	Peer Review Committee
July 10, 2018 at 12:00 pm	Critical Care Committee
July 11, 2018 at 2:00 pm	Pharmacy & Therapeutics Committee
July 12, 2018 at 12:30 pm	Prevention & Control of Infections Committee
July 12, 2018 at 12:30 pm	Credentials Committee
July 16, 2018 at 12:00 pm	Peer Review Committee
July 18, 2018 at 8:00 am	Mortality and Morbidity Committee
July 19, 2018 at 1:00 pm	Medical Education Committee
July 23, 2018 at 12:00 pm	Medical Executive Committee
July 23, 2018 at 2:00 pm	Utilization Review Committee
July 25, 2018 at 9:00 am	Board of Directors
July 25, 2018 at 2:00 pm	Health Information Management Committee
July 26, 2018 at 1:30 pm	Performance Improvement Committee

Chief of Medical Staff Report



**Chief of Staff Report
July 2018**

Medical Staff leadership welcomes new Chief Nursing Officer Ms. Jacqueline Payne-Borden, and Chief Operating officer Ms. Andrea Gwyn to UMC and is looking forward to a constructive working relationship.

The GW MFA Hospitalist group transitioned into UMC inpatient services on Sunday July 1st, 2018. The transition has been mostly smooth and medical staff is meeting weekly with administration, CMO, and GW MFA to continue to streamline and improve operations.

Medical Staff leadership in MEC appreciates Chief Financial Officer (CFO) Ms. Chukwuma`s efforts to partner with Medical Staff to improve efficiency of Revenue Cycle Management. Medical Staff will continue to collaborate with CFO to evaluate and address issues to include, but not limited to claims clinical documentation, claims denials, evaluation of clinical service lines financially beneficial to the hospital.

Below are action items approved by MEC for the period January 2018 through June 2018.

Mina Yacoub, MD
Chief of Medical Staff

MONTH	ACTION ITEM
JANUARY	<ol style="list-style-type: none"> 1. Requests for initial appointment, reappointment, change in category, and resignation in good standing from the Credentials Committee. 2. PCS Policy 02-180 – Code Lift Policy 3. ED Policy 2105 – Transfer of Obstetrical Patients 4. PCS Policy 02-185 – Sepsis Screening Policy 5. Ongoing Practice Performance Evaluation (OPPE) Specialty-Specific criteria 6. Behavioral Health Services – Progress Note Form 7. Behavioral Health Initial Assessment Form 8. Behavioral Health Services – Discharge Summary Form 9. Behavioral Health Services – Psychiatric Consultation Form 10. 2017 Infection Control Annual Report
FEBRUARY	<ol style="list-style-type: none"> 1. Requests for initial appointment, reappointment, change in category, and resignation in good standing from the Credentials Committee. 2. Revisions to the Delineation of Privileges for the Department of Emergency Medicine addressing ACLS certification requirements.

	<ol style="list-style-type: none"> 3. Recommendation to impose a Focused Practice Performance Evaluation (FPPE) on Physician 0272 and lift Summary Suspension 4. Recommendation to impose a Focused Practice Performance Evaluation on Physician 2320
MARCH	<ol style="list-style-type: none"> 1. Requests for initial appointment, reappointment, change in category, and resignation in good standing from the Credentials Committee. 2. Revision to PCS Policy 02-185 – Sepsis Screening Policy to add Code Sepsis
APRIL	<ol style="list-style-type: none"> 1. Requests for initial appointment, reappointment, change in category, and resignation in good standing from the Credentials Committee. 2. Change Pediatrics from being a stand-alone department to a specialty under the Department of Medicine 3. Change the Department of Maternal Health and Child Care to the Department of Gynecology 4. Revisions to the Delineation of Privileges for the Department of Gynecology excluding all inpatient obstetrical privileges. 5. Revisions to the Delineation of Privileges for Pediatrics excluding all neonatology privileges. 6. Midline Catheter Policy (new policy) 7. Revision to Insertion of PICC Policy 8. Revision to Difficult Airway Management Policy and Algorithm
MAY	<ol style="list-style-type: none"> 1. Requests for initial appointment, reappointment, change in category, and resignation in good standing from the Credentials Committee. 2. Remove restriction from Outpatient OB Clinic from provider obstetrical services to women greater than 20 weeks. 3. Institute use of reminders in Meditech regarding expiring antibiotic orders.
JUNE	<ol style="list-style-type: none"> 1. Requests for initial appointment, reappointment, change in category, and resignation in good standing from the Credentials Committee. 2. Remove requirement for mid-level notes and order in the outpatient clinic to be cosigned by a physician 3. Revisions to the Bylaws to include admission requirements for the Behavioral Health Unit 4. Revision of CME Financial Disclosure Form, CME Evaluation Form, accreditation statement, activity statement, and Designation Statement to conform with the standards of accreditation by American College of Continuing Medical Education (through Maryland State Medical Society – MedChi). 5. Adding Lipitor to the formulary in place of Zocor. 6. Removing automatic interchange due to shortage of narcotics and remove injectable Dilaudid and morphine. 7. Revisions to the Pharmacy Infection Control Policy based on DC Department of Health survey findings and approved plan of correction. 8. 2018 Infection Control Plan 9. Use of Non-Prescriber Memorandum for GW MFA Providers who have yet to secure DC controlled substance registration and/or DEA certification.

Submitted by: Mina Yacoub, MD
Chief of Staff



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General Board Meeting

Date: July 25, 2018

**Management
Report**

Presented by:
**Matthew Hamilton,
Chief Executive
Officer**



United Medical Center Management Report Operations Summary – July 2018

QUALITY

DEPARTMENT OF HEALTH

The DC Department of Health surveyors presented on July 2, 2018 with five surveyors to review the findings from the annual April survey plan of correction. The organization was found to be non-compliant with areas related to education requirements and pharmacy processes related to controlled substances. An additional Plan of Correction (POC) has been submitted and we expect to have a revisit in the next few weeks.

Attached is a spreadsheet on a few core measures related to patient flow in the ED and Infection Control. We continue to do well with the Infection Control measures. Included is Timeliness of Care related to ED flow due to the change in the ED group. Additional communication includes the completion of the Leapfrog Survey by the deadline of June 30, 2018.

PATIENT CARE SERVICES

SERVICE/PATIENT EXPERIENCE

- **ICU**
 - **STATS:** 57 admissions; 61 discharges; ALOS = 4.8 days; 14% ICU sepsis mortality rate; 21 pts with dx of sepsis. There were No readmissions within 48 hours of transfer
 - **No CLABSI; No HAPU; No VAE**
 - Ongoing patient and family rounding (4-5 patients/day) addressing ICU needs and concerns. The experience has been mostly positive. Families appreciated the care board as means of POC communication
 - Increased in overtime (OT) due to increased volume (12-14 patients/shift)
 - Nomination of the employee of the month is in the works. Continue with staff rounding
 - All education pertaining to DOH POC are now 100% compliant
- **5W/8W**
 - Clinical Manager and Clinical Supervisors continue to round (seen 800+ patients)
 - Big impact on the Press Ganey scores for patient experience – the highest recommendation since 2015
 - The theme of patient concerns are: Inability to get medication and discharge education, feedback information from the nurses, dirty environment, pain management, lack of variety for the food menu and delayed assistance with ADLs

- Many patients continue to state “things have gotten better”
- Focusing on Sepsis, restraints and radiology orders compliance
- Handheld phones need to sync with wi-fi
- Increased OT due to high census
- Fiscal sufficiency form submitted for a sitter pool and transporter
- **ED**
 - 12 patients were interviewed: Theme: presence of MPD gave the staff sense of security; longer waiting time; lack of follow-up on POC or test results.
 - Staff recognition in place and 1:1 staff interview continue.
 - Complaints have gone down but longer wait time and noise were identified as most concerning. Processes are in place to address this problem like faster disposition time and increase ED staffing (9-10/shift for RNs; 4-5 for Techs)
 - Nurse Sepsis driven protocol implemented with the use of iSTAT for lactate
 - Lab turn-around time (PI project) with the goal of 1 hour and 15 minutes from order to results (currently 1 hour and 45 minutes)
 - FD12/Elopement risk – patients wearing paper blue scrubs
 - Newly installed 4 cardiac monitors in Fast Track
 - Future plan – lab centrifuge and TV tracker board
 - Continue with aggressive hiring to decrease agency and travel nurse usage.
- **Respiratory** – PFT staff training is planned to increase volume; actively hiring for an interim Respiratory Care Manager
- **Wound** – NO HAPU; rate per 1K patient days 1.45. Started with 94% compliance with wound education – now 98%
- **Radiology** – Stats 1/18 to date (7 mos) = CT =5755; Fluoro =341; US = 2988; XR = 12566
- **Rehab** – A new Rehab Director was hired
- **Education** – Ongoing nursing education (Relias) to address DOH POC; BD Pyxis training for SuperUser; ACLS/BLS training on site; update ED skills checklist; ED/ICU unit manual
- **SNF** – CNA appreciation week; received approval to obtain a hospice contract; Point Click Care system go-live on 7/23; continue with survey readiness
- **Diabetes Program** – 99% staff compliance with insulin management education (Relias)

The *Nursing – Sensitive Quality Indicators* continue to provide evidence that quality and patient safety is at the heart of every nurse practicing at UMC. Measures that are being tracked are: Indwelling Urinary Catheter Infections (zero CAUTI), Central Lines Infections (zero CLABSI), Ventilator-Acquired Event (zero VAE), Surgical Care Improvement Project (SCIP) and Hospital Acquired Pressure Ulcers (zero HAPU).

PHARMACY

Pharmacy has provided preceptorship for two (2) Shenandoah University pharmacy students and four (4) Howard University pharmacy students.

The Pyxis CII Narcotic Safe has been installed in the pharmacy and all staff has been trained on the operation of the safe for storage of all our controlled substances. The tracking of controlled substances has moved from paper to electronic.

New refrigeration for storage of medications has been ordered for the pharmacy department.

Training for MedMined is currently under way. MedMined is a project that will enhance the pharmacy’s antibiotic stewardship program as well as the infection preventionist’s surveillance and reporting capabilities. The building of the system over the last four months required the collaboration of the Lab, IT, and Pharmacy departments.

EMERGENCY DEPARTMENT METRICS

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	June-18
Census	5073	5133	5044	4760	5087	4780
Daily Census	160	174	168	164.3	182	191
LWBS	109	90	116	132	148	190
LWBS %	2.15	1.94	2.1	2.7	2.9	3.9
Left prior triage	265	277	284	255	289	288
Left prior triage %	5.6	5.4	5.9	5.35	5.67	6.02
Admissions	410	421	433	512	552	541
Admission Rate	9.7	9.3	9.5	10.7	10.85	11.31
Ambulance arrivals	1560	1534	1588	1324	1468	1312
Ambulance arrivals %	30.75	32.1	34.6	27.8%	28.85%	27.44
Elopements	44	61	57	68	57	85
Triage	21	27	23	25	22	21
Room	59	67	56	98	85	88
Provider	69	68	66	112	97	91
Disposition DC	177	226	155	241	265	231
Disposition Admit	203	292	233	355	333	310
LOS DC	239	175	189	270	277	253
LOS Admit	312	292	370	475	564	477
Dispo to leave (DC)	24	31	34	29	24	27
Dispo to leave (Admin)	263	189	270	210	321	255

STAFFING

Telemetry - Goal: 5:1; ADC: 45							
	Less than 5	5	6	7	8	ADC	% ratio met - Goal 80%
January	32%	56%	11%	0%	0%	53.7	88%
February	20%	73%	5%	2%	0%	46.2	93%
March	39%	52%	5%	5%	0%	46.7	91%
April	52%	38%	7%	3%	0%	43.4	90%
May	39%	52%	5%	2%	3%	47	91%
June	17%	65%	15%	3%	0%	50	82%

Medical/Surgical - Goal: 6:1; ADC: 35							
	Less than 6	6	7	8	9	ADC	% ratio met - Goal 80%
January	92%	8%	0%	0%	0%	13.3	100%
February	75%	23%	2%	0%	0%	18.7	98%
March							
April	52%	40%	5%	3%	0%	12.5	92%
May	76%	15%	6%	2%	2%	19	91%
June	60%	32%	7%	2%	2%	22	92%

ICU - Goal 2:1; ADC: 12						
	Less than 2	2	3	4	ADC	% ratio met - Goal 80%
January	13%	82%	5%	0%	9.70	95%
February	4%	93%	4%	0%	9.90	97%
March	10%	90%	0%	0%	9.10	100%
April	5%	93%	2%	0%	9.35	98%
May	8%	85%	6%	0%	9.80	93%
June	7%	85%	8%	0%	10.00	92%

Emergency Room - Goal: 7-8							
	6 and below	7	8	9	10	Average Staffing	% ratio met - Goal 80%
Jan-18	10%	61%	24%	3%	2%	7.6	90%
Feb-18	5%	29%	64%	0%	2%	7.53	95%
Mar-18	6%	34%	56%	4%	0%	7.5	94%
Apr-18	18%	42%	33%	7%	0%	6.94	82%
May-18	3%	35%	37%	21%	3%	7.5	96%
Jun-18	0%	5%	33%	52%	10%	9	100%

OPERATIONS – NON CLINICAL SERVICES

HIGHLIGHTS

Develop facilities and operational standards to support existing facilities, renovations and future operations. Latest projects (DOH related):

- Radiology X-ray Rooms: (In Progress)
 - Room #1 – Fuji equipment decommissioned and removed by Fuji 6/19. Facilities staff painting, replacing sink/faucet and preparing flooring. All work done internally.
 - Physicist and Structural Engineer reports
- Radiology Fluoroscopy Rooms (#3 and #4): (In Progress)
 - Architectural design proposal completed
 - Scope of Work sent to four (4) contractors
- Radiology Dressing/Restroom Area: (In Progress)
 - Architectural design proposal completed
 - Scope of Work sent to four (4) contractors
- Pharmacy Sterile Processing Room: patching/painting; replace furniture; terminal cleaning continues until renovation project commences
- Kitchen Area: Ceiling/wall painting completed; flooring repairs completed
- Emergency Room: Core Area diffusers, terminal cleaning
- Dialysis Unit: replacing all faucets, drains, diffusers, vents, floor work, terminal cleaning
- Behavioral Health Unit: Install two (2) metal doors - completed; replace Plexiglas in nurse's station; install new door hardware in patient lounge area and main entrance door
- Emergency Department: Patching/painting all bays in Core and Fast Track; deep cleaning of stretchers and WOWs; replace all curtains; terminal cleaning all areas; internal/external window cleaning; refurbish countertops/cabinets
- Pathology/Laboratory Area: Install new faucets; refurbish countertops/cabinets; replacing furniture; decluttering of storage areas, staff rooms; painting and terminal cleaning

Insourcing 3 departments in 3 months

Re-evaluate purchased services: Environmental Services, Plant Operation and Facilities Management, Biomed services, Food services.

- Prepared job descriptions for several Director level positions and recruitment activities.
 - Plant Operations and Facilities Management is managed by UMC as of June 1, 2018.
 - Biomedical Engineering is managed by UMC as of July 1, 2018
 - EVS to be managed by UMC – expected date of August 1, 2018
- Reviewing spend for each department by vendor
- Staffing
- Training/Reporting review

DOH and CMS Findings and Plan of Correction for the following areas: Facilities, EVS, Nutrition and Food Services. Addressed Findings during survey and prepared/implemented Plan of Correction.

CONSTRUCTION/RENOVATION PROJECTS

Lobby entrance improvements: address exterior entrance refurbish needs, update all lighting to LED, entrance and elevator cleaning, landscaping campus wide, power washing main entrances, identify projects for back entrances updates (UDC, Security Entrance).

Hospital-wide: Installing new medical valve covers throughout hospital (85%); continuing to install new ceiling tiles; install/replace corner panel moldings, baseboards and add additional lighting to main hallways, lobbies (Main, ED, Pharmacy, MOB).

March 3rd Flooding: Leading efforts with key stakeholders: Facilities, EVS, Risk Management and Infection Control departments. CNA Insurance engaged with JS Held to provide a moisture assessment of impacted spaces and adjacent areas. **Update**: JS Held provided a detailed scope of work and completed bid process.

SPECIAL PROJECTS

Hospital Clean/Declutter Campaign continues:

- Facilities/EVS: removal of items that can be discarded or stored in designated areas; deep cleaning of all areas; maintenance to do a comprehensive preventive maintenance of all areas for any deficiencies
- Removal of all documents/forms with patient identifiers (to be shredded)
- Security: fire/safety rounds of floors, test all cameras and access points, need to add additional keypads to back of HR records room; Finance; Executive suite; and Compliance area.
- Materials Management: assist with consolidation of storage areas; renovate loading dock/receiving area.
- Inventory of all Assets: Biomed and Facilities departments
- Monthly exterior power washing

Executive Rounds – Currently follow up rounds from Bed Boards and Safety Huddle.

Support Services Rounds – Actively engage non-clinical staff in delivering a positive patient experience. Implement zone maintenance (track HCAHPS env composite score).

Furniture needs throughout the hospital: To address some of the deficiencies found during our Environment of Care rounds and daily rounds in clinical/admin areas, we have had several visits to our GSA Surplus Warehouse. Current areas: Pathology/Lab; Pharmacy; Staff Lounge/offices.

HUMAN RESOURCES

HUMAN RESOURCES UPDATE

- HR leadership is collaborating with Nurse Education, Nursing Management and Occupational Health in order to facilitate a smooth onboarding process for new hires.
- HR continues to work with UMC Benefits Broker on benefits renewal for Plan Year 2019.
- HR recently completed the employee reconciliation project which provided the total number of active employees.

- DC Retire will have representatives on site at UMC on July 16th to answer questions and provide retirement plan information to UMC employees.

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INFORMATION TECHNOLOGY

INFORMATION TECHNOLOGY

July 20, 2018

Initiative	Status	Timeline for Completion	Comments
Create and Maintain Appropriate IT Governance and Management Structure			
IT Steering Committee	On target	Completed	•Governance team in place to prioritize and guide UMC's Information Technology initiatives
Develop and implement formal IT Security Program	On target	August	•IT Security Officer hired and engaged •Tools have been activated to monitor UMC's network for malware; have already prevented one significant infection •IT security assessment in progress
Develop and update all IT policies and procedures	On target	September	•Change management policy and procedure implemented •Revamped policy and procedures for appropriate end-user access •All IT policies and procedures are being reviewed
Institute Project Management processes	On target	September	•In progress - being applied to current and new projects
Restructure IT organization and fill critical vacancies	Proceed with caution	September	•Realignment of IT department completed •Hired Security Officer and Biomedical/Clinical Informatics Director •Recruiting to fill several open positions
Update and Expand Applications			
Upgrade Meditech Magic to current release level	On target	December	•4 month project on target to start in September, 2018
CareFusion Pyxis Medication Distribution	On target	August	•Anesthesia went live in June, 2018 •Old, existing medDispense units are being replaced by Pyxis units
CareFusion MedMined Infection Control & Medication Stewardship	On target	Completed	•Live date 6/7/18
3M360 Coding Tool	On target	August	•System builds in progress
Interface Meditech to eClinical Works outpatient system	Proceed with caution	November	•eClinical Works vendor has not been responsive to calls
Curaspan - Post Acute Patient Management	Proceed with caution	October	•Contracting phase; vendor has not been timely in responses
Point Click Care clinical documentation - SNF	On target	July	•Training of staff in progress; go-live date is July 30
Patient data reports for downtime periods	On target	August	•Reports developed, hardware purchased •Validating documentation with clinical leaders
Refurbish Infrastructure			
Begin overhaul of cable plant and wiring/communications closets	Proceed with caution	September	•Implemented new UPS in closets; have already prevented multiple computer and telephone outages on clinical floors •Implementing interim ventilation solution for key closets •Issued Request for Proposal (RFP) for cabling, cooling, and electrical
Develop and maintain Business Continuity / Disaster Recovery plan and processes	On target	October	•Planning for disaster recovery test is underway, being scheduled for September/October, pending confirmation of dates by vendor
Replacement of printer/copier vendor - cost savings	On target	July	•Completed the replacement of 55/70 printers/copiers; additional devices to be completed next week
Wireless communications	Proceed with caution	August	•In process of upgrading the wireless infrastructure •Nursing wireless phones ready, pending wireless environment

Key:
■ = On target ■ Proceed with caution ■ Needs attention

CMS STAR RATING QUALITY INDICATOR DASHBOARD 2018

Performance Indicators		Qtr 3 2017	Qtr 4 2017	Qtr 1 2018	Qtr 2 2018	District of Columbia	National
		Actual	Actual	Actual	Actual		
Overall Star Rating 2 Out of 5 Stars							
Mortality Rates	Central Line Associated Bloodstream Infection (CLABSI)	1 CLABSI	0 CLABSI	0 CLABSI	0 CLABSI		2.1 CLABSI
	Catheter Associated Urinary tract infections (CAUTI)	0 CAUTI	0 CAUTI	0 CAUTI	0 CAUTI		3.5 CAUTI
	Surgical Site Infections from colon surgery (SSI)	0 SSI	0 SSI	0 SSI	0 SSI		0.18 SSI
	MRSA/ Healthcare Acquired	1 HAI	3 HAI	2 HAI	1 HAI		5.5 MRSA
	Hospital Acquired C-diff	2 cases	0 cases	3 cases	3 cases		0.325 cases
Safety of Care	Safe Surgical Checklist in use	yes	yes	yes	yes	yes	yes
	Receives Lab Results Electronically	yes	yes	yes	yes	yes	yes
	Organization completes Culture of Safety Survey	no	no	no	no	yes	yes
Readmission	Rate of readmission for Chronic Obstructive Pulmonary Disease (COPD) patients						20%
	Rate of readmission for heart attack patients						16%
	Rate of readmission for heart failure patients						22%
	Rate of readmission for pneumonia patients						17%
	Rate of readmission after discharge from hospital (hospital-wide)						15%
Timeliness of Care & Effectiveness of Care	Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy	100%	96%	95%	88%	62%	85%
	Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe	100%	90%	71%	91%	62%	85%
	Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG	38 min	19 min	35 Min	pending	22 min	7 min
Timeliness of Care	Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department	97%	93%	94%	95%	96%	95%
	Time of arrival to departure of admitted patients	440 min	498 min	451 min	441 min	537 min	336 min
	Door to evaluation by medical personnel	50 min	67 min	79 min	73 min	74 min	27 min
Key							
Below Benchmark							
At or Better Than Benchmark							



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General Board Meeting

Date: July 25, 2018

**Finance
Committee
Report**

Wayne Turnage, Chair

- Meeting Materials



**Not-For-Profit Hospital Corporation
FINANCE COMMITTEE
Thursday June 21, 2018.**

Present: Director Wayne Turnage, Perry Sheely, Director Angell Jacobs, Director Brenda Donald, Matthew Hamilton, Marcella Maamari, Dr. Konrad Dawson, and Kai Blissett

Absent:

Agenda Item	Discussion	Action Item
Call to Order.	The meeting was called to order by Director Donald.	
Roll Call.		
Review and Approval of Minutes.	Motion to approve minutes. Second. Minutes approved. Motion to approve the agenda. Second. Agenda approved.	
Mr. Sheely	<p>GAP MEASURES:</p> <ul style="list-style-type: none"> • Extensive A&R review and at the end of May approximately \$2.8M was added back to the bottom line. Allowances netted out at \$1.5M. • FTE reduction of 20 for OB overhead is ongoing. • For the Month of May \$2.0M in other revenue is reflected as part of the \$10.0M pledge for FY 2018. • We are on target based on forecast. 	

Mr. Hamilton:

- 1.9M in contract savings will be realized. Overtime and outside agency costs are being assessed. Snapshot will be done in the next 4-5 days.
- Overtime continues to be a challenge due to hard to fill positions.
- Directed new COO goal is to reduce wait time, EVS improvements, and current numbers will improve.

Mr. Sheely

MONTHLY FINANCIALS & KEY INDICATORS

- Comparative financials have been presented based on original forecast run-rate annualized and adjusted for gap measure initiatives which were originally slated to start in April 2018.
- Cash on Hand at the end of May 2018 was 17.31 days, excluding capital funds.
- The Month of May 2018 shows an operating gain of \$1.9M which is a result of the \$2.0M operational subsidy recognized.
- May 2018 year to date net operating loss totals \$9.0M. The year to date loss annualized is \$13.6M and can be attributed to Key Initiatives not yet realized. Below are updated on key areas of interest.

Motion approved Monthly Financials and Key Indicators:

Motion seconded.

Motion approved unanimously.

CONTRACTS & PROCUREMENTS

Contracts not approved, pending missing documents. Committee will review before or at the next scheduled Board meeting.

OTHER BUSINESS

- New business/Old business

ANNOUNCEMENTS

- The next Finance Committee meeting will be July 16, 2018 @ 1pm



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the nine months ending June 30, 2018



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1. Gap Measures
2. Key Financial Information Summary
3. Key Indicators with graphs
4. Income Statement with Prior Year Numbers
5. Income Statement with Forecast Variances
6. Balance Sheet
7. Cash Flow



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AGENCY FOR HEALTH CARE
 FY 2018 Actual Gap Measures
 As of June 2018

Gap Measures Tracking

	FY 2018 Original Gap Measures Gain/(Loss)	Realized/Recognized/Adjusted	Unrealized/Unrecognized	Percentage Completed/Updated
June 2018 Annualized Net Income (Loss) from Operations:				
(\$12,162,667)				
Add: Initiatives to be Realized				
Revenue Cycle:				
A. Documentation Enhancements/AR Review	\$3,000,000	\$2,606,430	\$393,570	86.9%
B. Charge Capturing (Infusion/Therapy)	\$625,000	\$251,917	\$373,083	40.3%
C. Hospital Based Clinics Charges	\$816,000	(\$538,829)	\$277,171	-66.0%
GWUMFA Professional Fees Collection	\$1,225,000	\$516,231	\$708,769	42.1%
GWUMFA Additional Cost	(\$2,700,000)	\$2,203,881	(\$496,119)	81.6%
Psych Volume Growth	\$375,000	\$140,000	\$235,000	37.3%
ER Admits Volume Increase	\$1,225,000	\$127,389	\$1,097,611	10.4%
Supply Chain Management	\$3,010,000	\$190,000	2,820,000	6.3%
Overtime And Outside Agency Costs	\$500,000	\$0	\$500,000	0.0%
Length Of Stay Reduction	\$200,000	\$0	\$200,000	0.0%
FTE Reduction Of 20	\$500,000	\$0	\$500,000	0.0%
District Subsidy (Proposed)	\$10,000,000	\$4,000,000	\$6,000,000	40.0%
Adjusted Net Income (Loss) from Operations:	\$18,776,000	\$9,497,019	\$446,418	50.6%

*Note: There are three months left in the fiscal year



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Key Financial Information Summary

- The June 2018 reporting is a comparative financials based on the original forecast run-rate annualized and adjusted for gap measure initiatives. The status of the initiatives are reflected on the gap measure page.
- The Month of June 2018 shows an operating loss of (\$74K) which includes \$2.0M, recognized, in operational subsidy.
- June 2018 year to date shows a net operating loss of \$9.1M. Annualized, that year to date loss is \$12.2M which is attributed to Initiatives not yet realized.
- Cash on Hand at the end of June 2018 was 38 days due to \$10M subsidy received and improvement in collections as evident in accounts receivable days.

INITIATIVE WATCH:

- Revenue Cycle:
 - Clinical Documentation and cash collection efforts continue to show progress and 87% or \$2.6M has been realized. This initiative is trending to be accomplished by end of year.
 - Charge Capturing (Infusion/Therapy) has been reviewed and the original projection of \$625K is on track to be realized by year-end as \$252K has been realized through June.
 - Hospital Based Clinic revenue projection of \$816K has been re-analyzed and based on current clinic volumes trends requires a downward adjustment of \$539K. Current analysis reveals approximately \$277K will be realized if the following criteria are implemented by August 1, 2018.
 - The Medical Director for the clinic has reporting relationship with the Chief Medical Officer of the Hospital that has the same frequency, intensity, and level of accountability that exists with other departments of the Hospital and is under the same supervision and accountability as any other director of the Hospital.
 - Medical staff committees at the main Hospital are responsible for medical activities in the clinic, including quality assurance and utilization review
 - Medical records for patients treated in the clinic are integrated into a unified retrieval system (or cross referenced) of the Hospital.
- Psych Volume Growth
 - Psych admissions, per management, has contributed \$140K to the initiative.
- ER Admits Volume Increase:
 - ER Admission, per management, has contributed \$100K to the initiative.
- Supply Chain Management:
 - \$190K has been realized due to a rebate.
- Overtime and Outside Agency Costs Reduction:
 - Overtime and outside agency cost reduction is ongoing until realized.
- FTE Reduction:
 - FTE reduction related to OB overhead is ongoing until realized.



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Key Indicators

Key Performance Indicators	Calculation	Year to Date 06/30/2018			
		Prior Month	Actual	Forecast FY 2017	DC Hospitals Standard

VOLUME INDICATORS:

Admissions (Consolidated)	Actual Admissions	3,420	3,853	3,831	4,762	-	-	▲	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	1,440	1,668	1,518	1,916	-	-	▲	▲
Emergency Room Visits	Actual Visits	37,927	42,726	43,629	44,188	-	-	▼	▲

PRODUCTIVITY & EFFICIENCY INDICATORS:

Number of FTEs	Total Hours Paid/Total Hours YTD	842	844	839	840	-	-	▲	▼
Case Mix Index	Total DRG Weights/Discharges	1.32	1.33	1.29	1.15	1.04	1.04	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses	55.2%	55.3%	55.5%	57.5%	58.0%	58.2%	▼	▼

PROFITABILITY & LIQUIDITY INDICATORS:

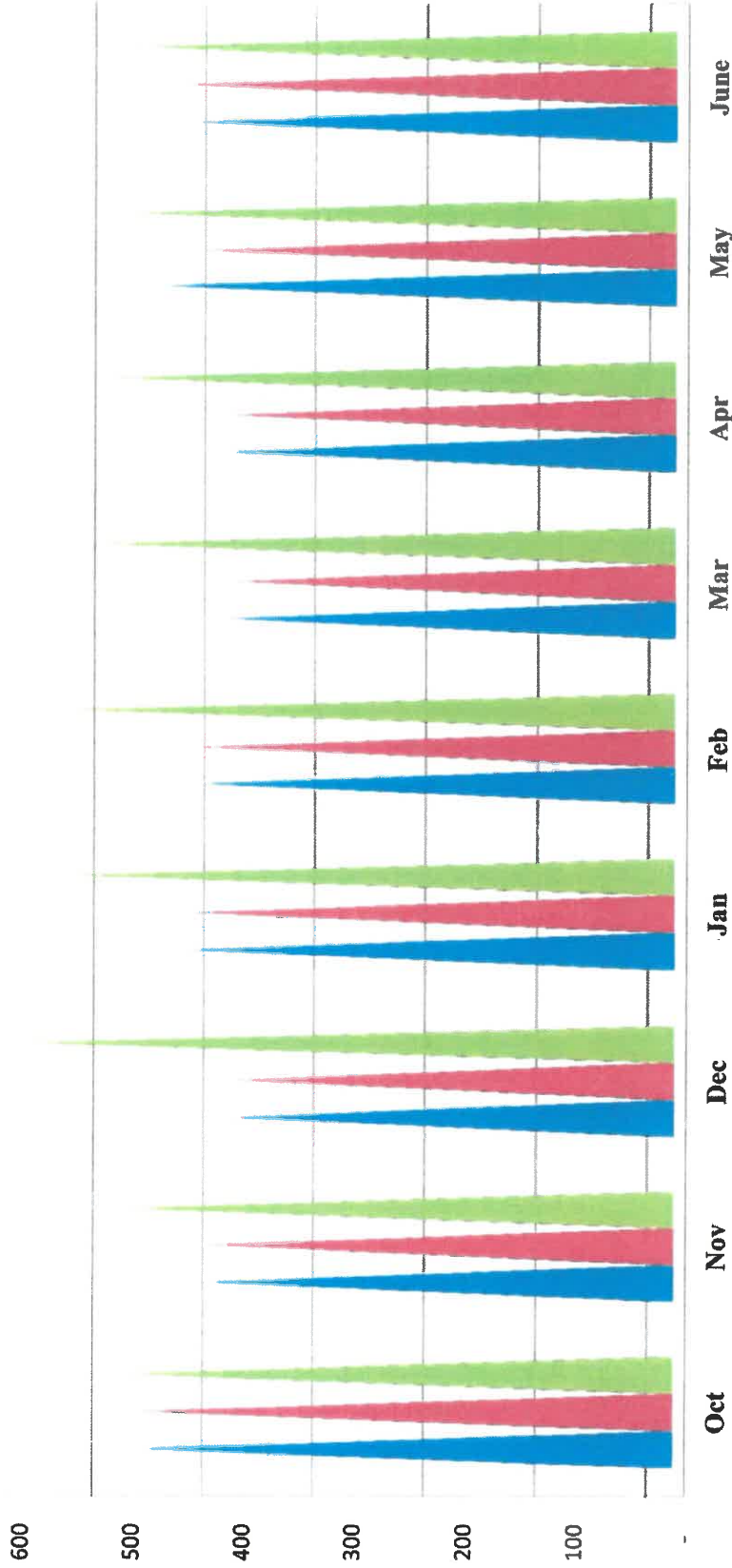
Net Account Receivable (AR) Days	Net Patient Receivables/Average Daily Net Patient Revenues	51	34	43	34	48	48	▼	▼
Net Account Receivable (AR) Days Inc. Unbilled*	Net Patient Receivables/Average Daily Net Patient Revenues	90	76	76	66	-	-	■	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	90.5%	94.8%	96.0%	95.5%	95.8%	95.8%	▼	▲
Days Cash on hand	Total Cash / (Operating Expenses less Depreciation/Days)	17	38	45	32	212	212	▼	▲
Operating Margin % (Gain or Loss)	Net Operating Income/Total Operating Expenses	-12.7%	-11.0%	-3.4%	-0.8%	3.4%	3.4%	▼	▲

*Note: Unbilled: Unbilled included in the Net AR days represents claims for in-house patients who are not yet discharged as well as discharged patients within the bill-hold review days.



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Total Admissions (Consolidated)



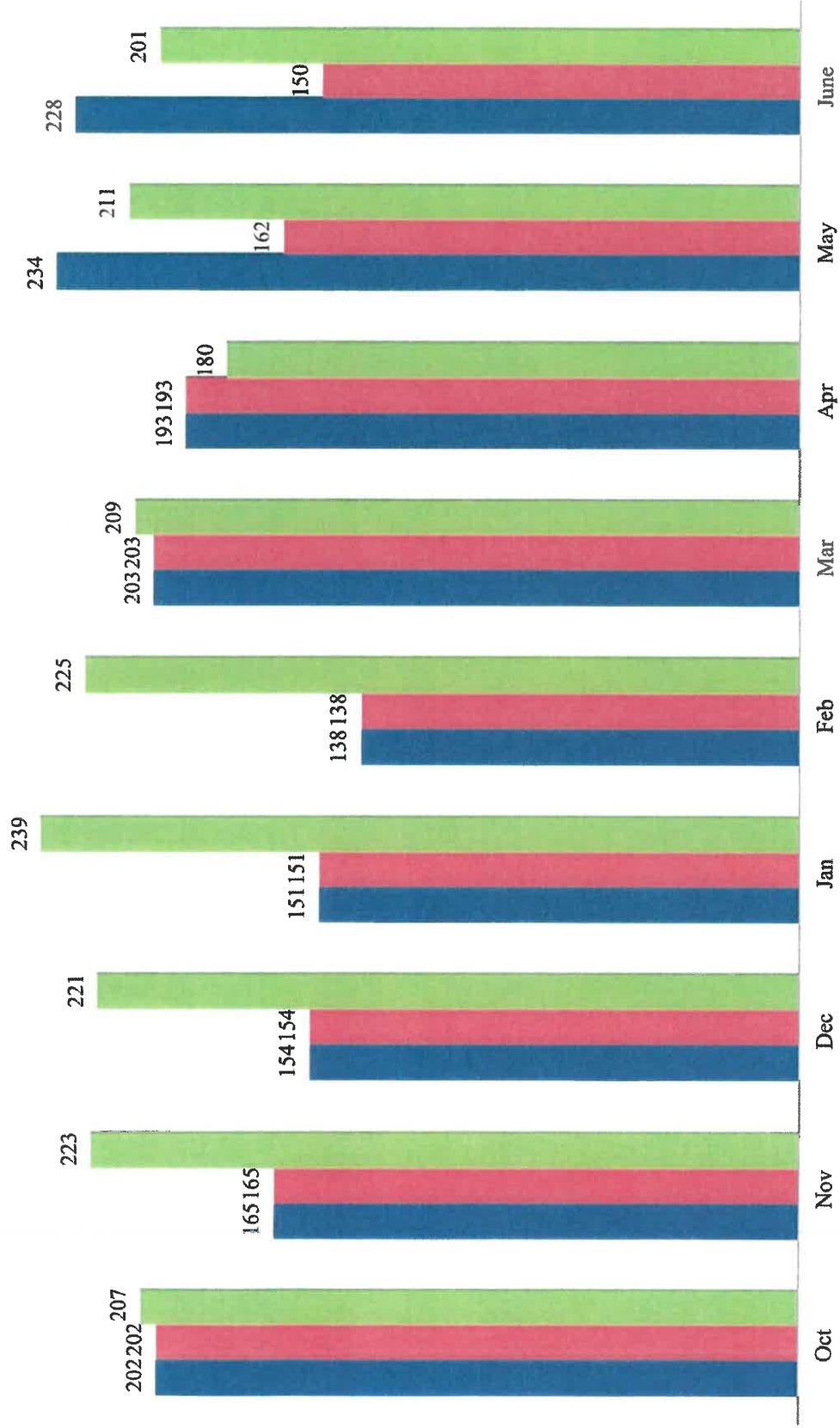
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
FY 2018	482	420	397	435	426	399	401	460	433
Forecast 18	482	420	397	435	426	399	401	424	447
FY 2017	506	507	598	556	551	527	520	504	493

Less Nursery and OB for FY
2017



Inpatient/Outpatient Surgeries

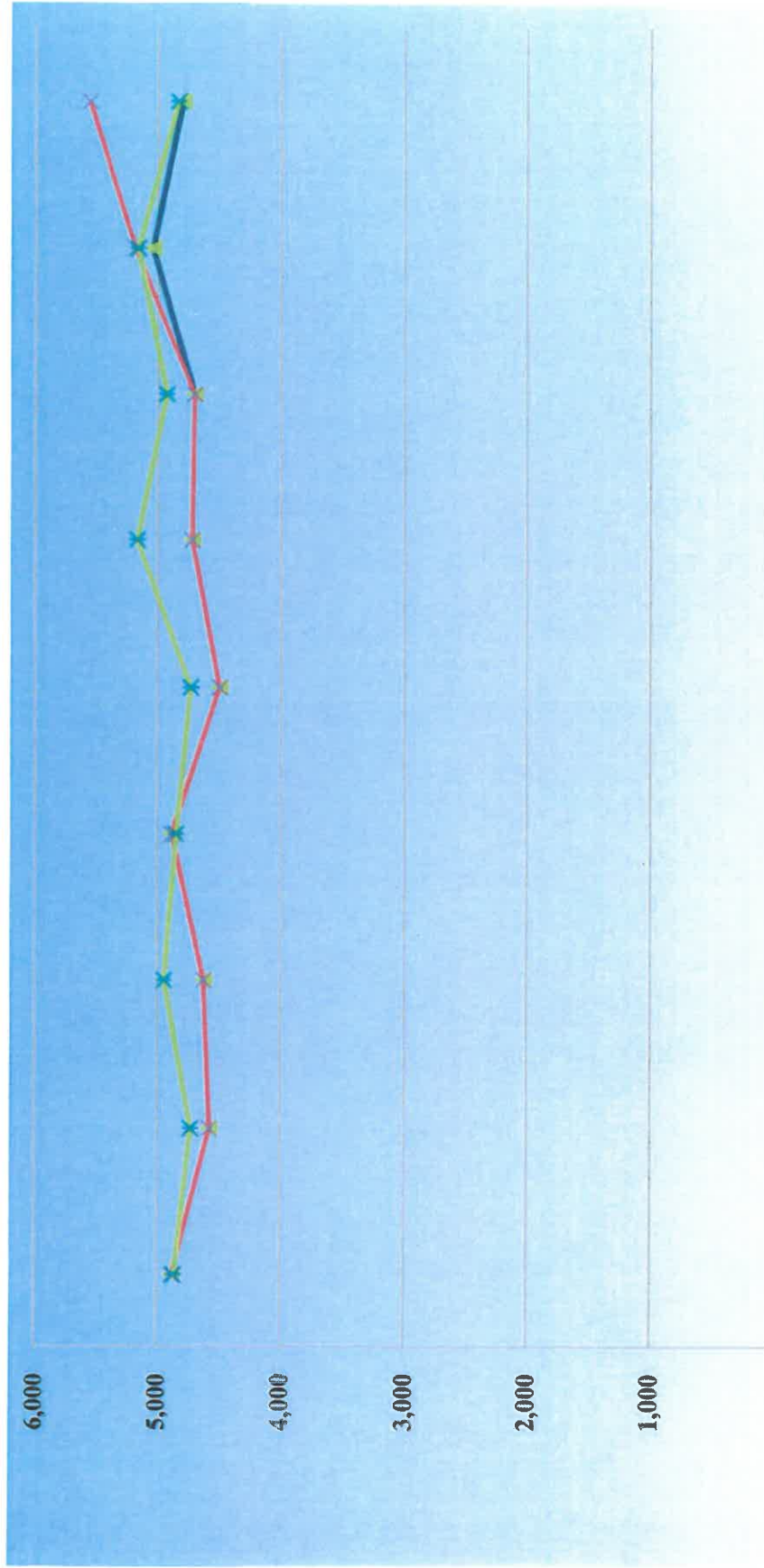
■ FY 2018 ■ Forecast 18 ■ FY 2017





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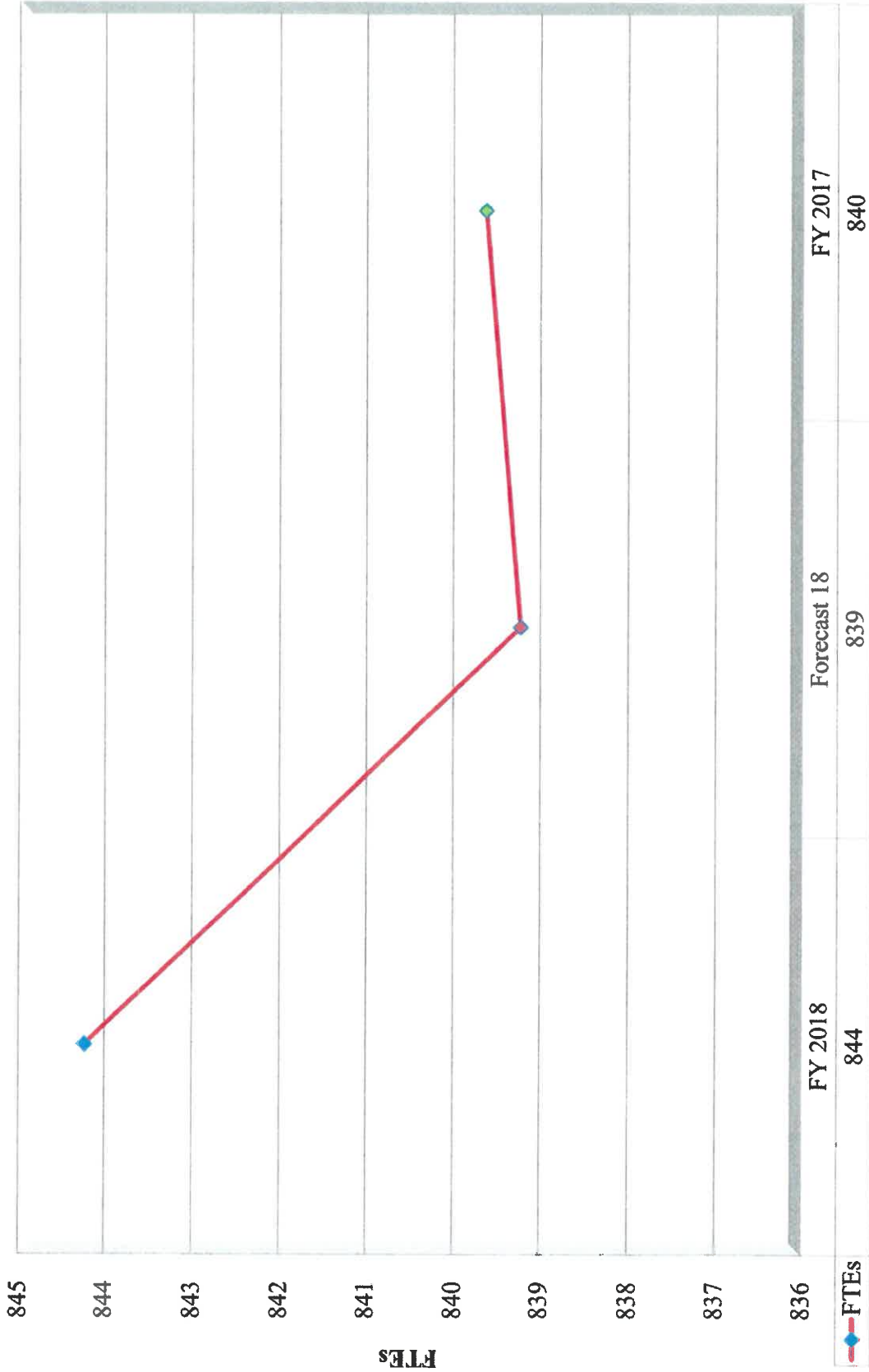
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
FY 2018	4,881	4,576	4,624	4,884	4,496	4,722	4,703	5,041	4,799
Forecast 18	4,881	4,576	4,624	4,884	4,496	4,722	4,703	5,186	5,557
FY 2017	4,861	4,727	4,943	4,847	4,729	5,167	4,923	5,160	4,831

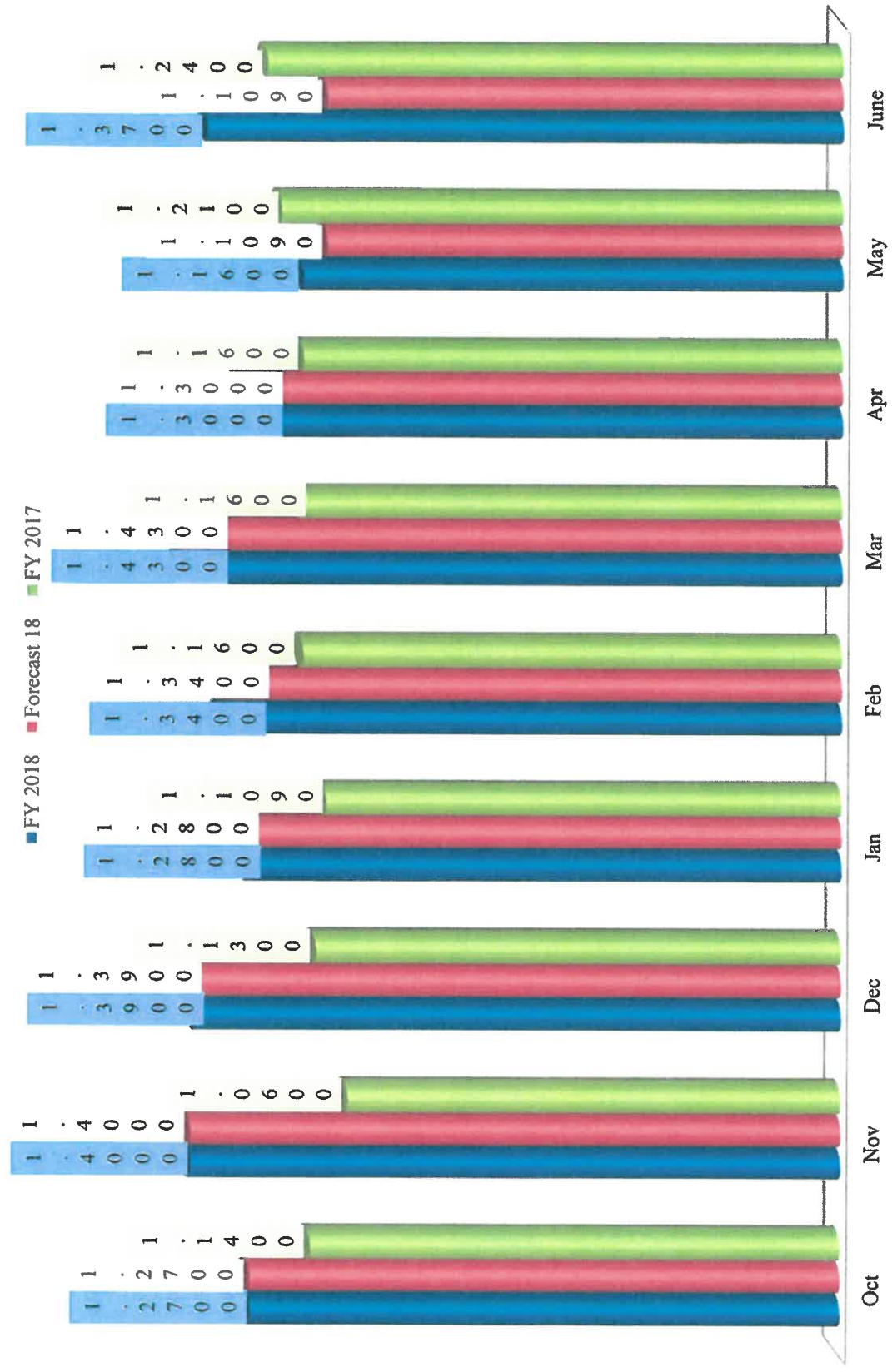


Number of FTEs





Case Mix Index





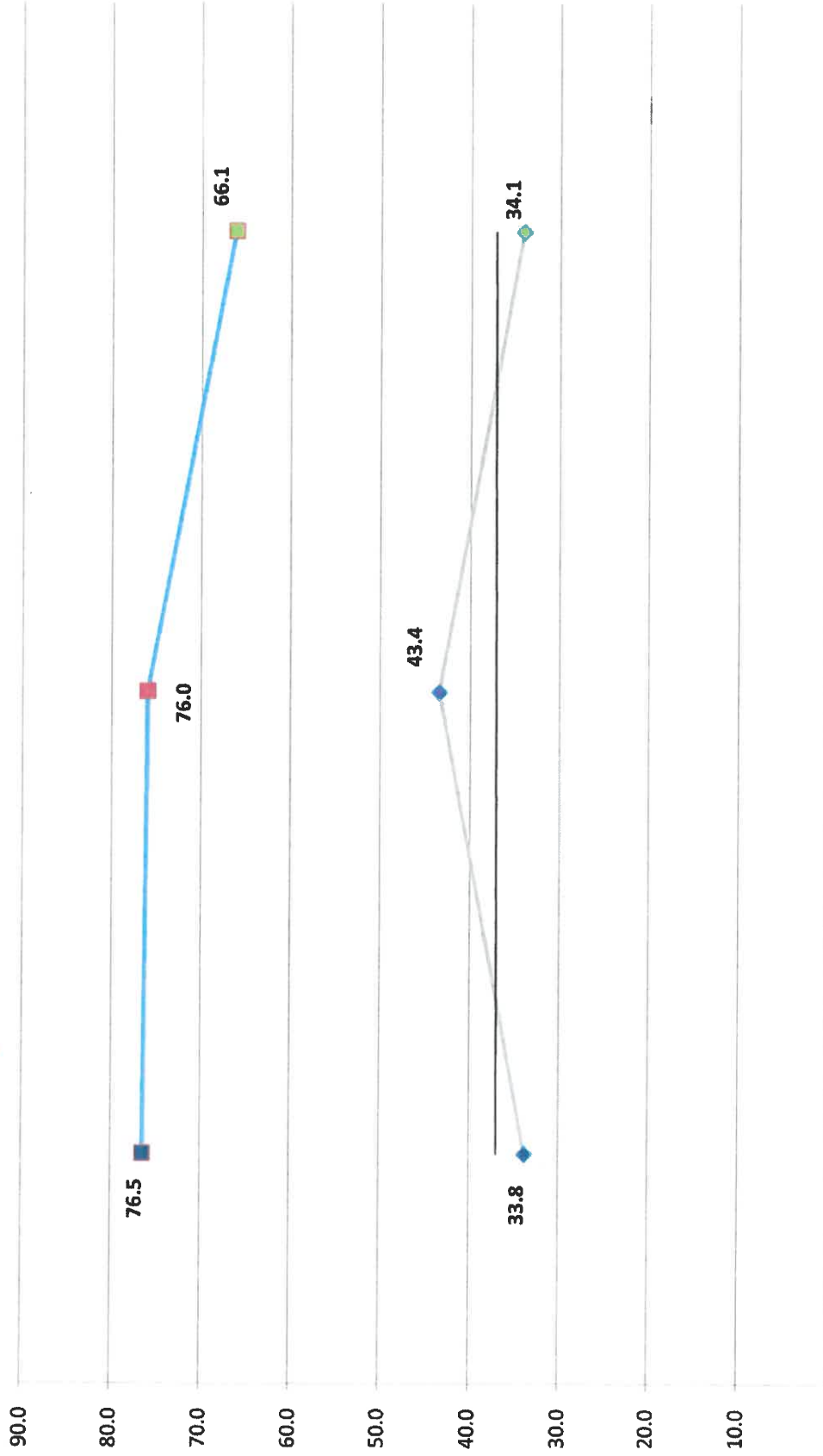
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Salaries/Wages & Benefits as a % of Total Operating Expenses





Net Accounts Receivable (AR) Days With & Without Unbilled



FY 2018

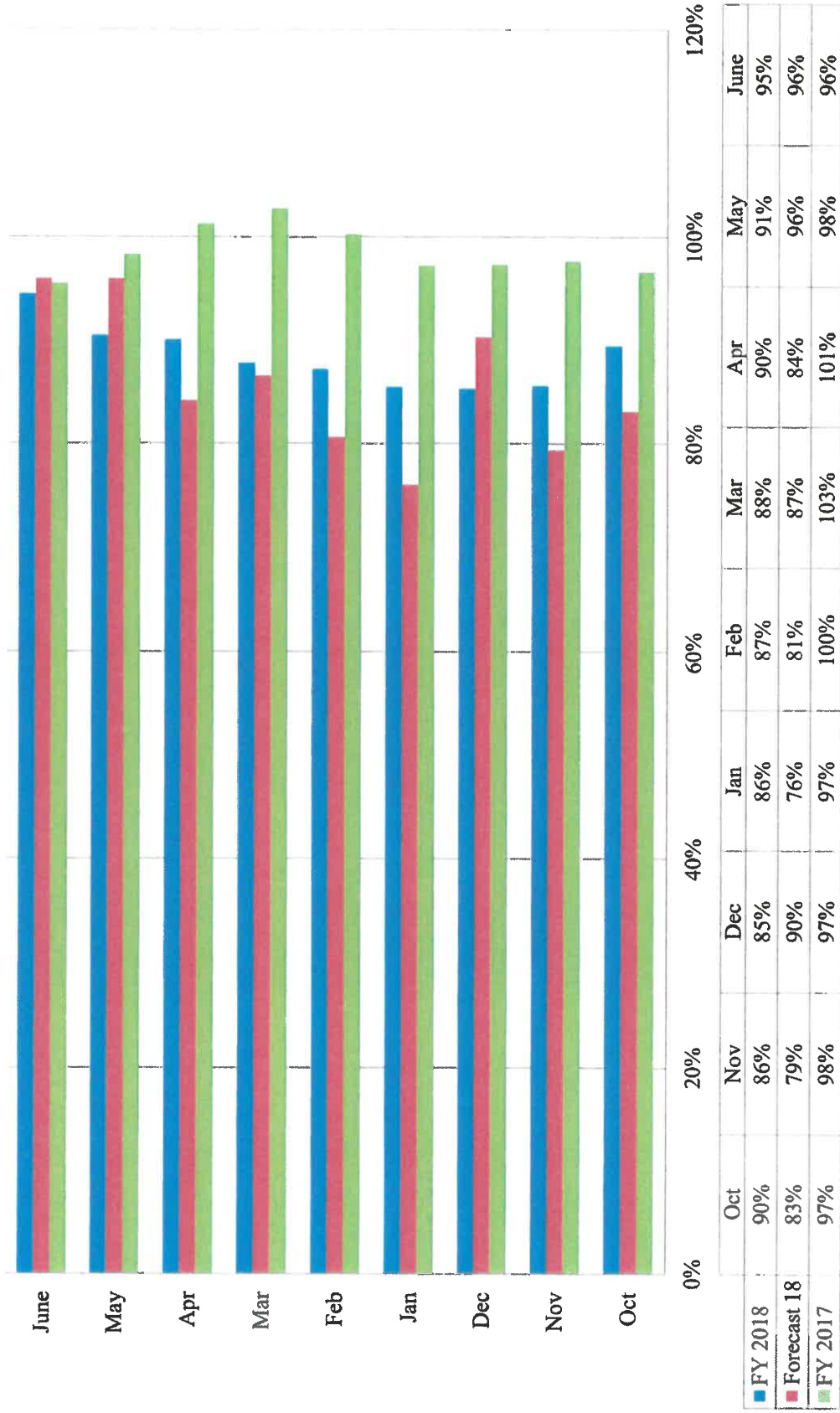
Forecast 18

FY 2017

◆ AR Without Unbilled □ AR With Unbilled — Linear (AR Without Unbilled)



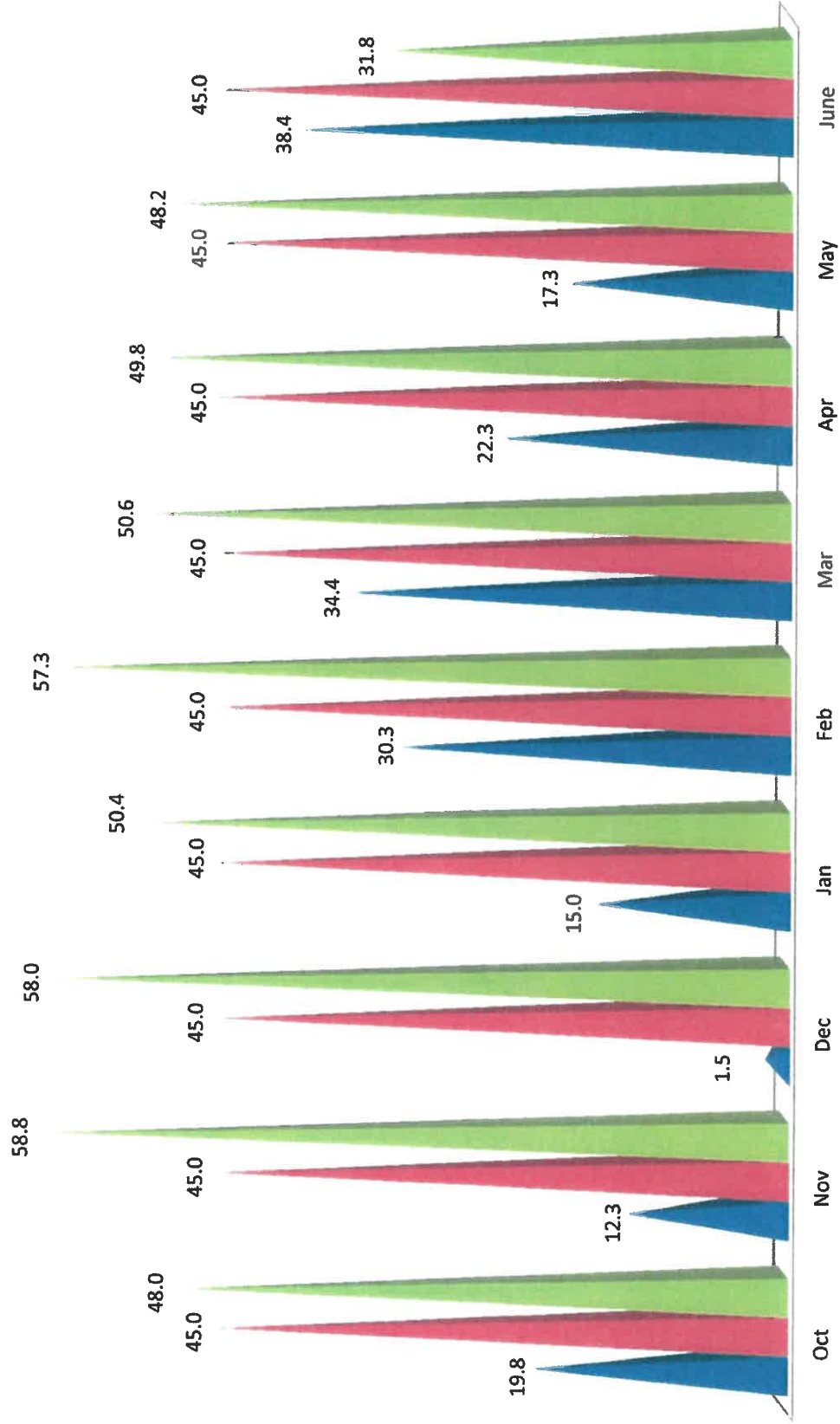
Cash Collection as a % of Net Revenues





Days Cash On Hand

FY 2018 Forecast 18 FY 2017





Operating Margin % (Gain or Loss)





Income Statement

FY18 Operating Period Ending June 30, 2018

	Month of June			Month's Variance			2018 Year To Date			YTD Variance		
	Actual	Forecast	Prior	Actual/Forecast	Actual/Prior	Actual	Forecast	Prior	Actual/Forecast	Actual/Prior	Actual/Forecast	Actual/Prior
Statistics												
Admission	433	447	569	(14)	(136)	3,853	3,831	5,296	22	(1,443)	1%	(1,443)
Patient Days	5,486	6,493	6,331	(1,007)	(845)	52,710	54,133	58,732	(1,423)	(6,022)	-3%	(6,022)
Emergency Room Visits	4,799	5,557	4,831	(758)	(32)	42,726	43,629	44,188	(903)	(1,462)	-2%	(1,462)
Clinic Visits	1,421	1,452	1,487	(31)	(66)	13,644	14,572	14,607	(928)	(963)	-6%	(963)
IP Surgeries	103	84	112	19	(9)	774	718	925	56	(151)	8%	(151)
OP Surgeries	125	66	89	59	36	894	800	991	94	(97)	12%	(97)
Radiology Visits	977	797	979	180	(2)	8,717	8,305	9,839	412	(1,122)	5%	(1,122)
Revenues												
Net Patient Service Revenue	6,292	10,312	10,026	(4,020)	(3,734)	62,542	66,067	77,677	(3,525)	(15,135)	-5%	(15,135)
DSH	-	-	320	-	(320)	-	-	3,674	-	(3,674)	0%	(3,674)
CNMC Revenue	249	269	245	(20)	4	2,119	2,177	2,061	(58)	58	-3%	58
Other Revenue	5,327	1,430	1,265	3,897	4,062	24,880	18,842	7,838	6,038	17,042	32%	17,042
Total Operating Revenue	11,868	12,011	11,856	(143)	12	89,541	87,086	91,250	2,455	(1,709)	2.8%	(1,709)
Expenses												
Salaries and Wages	5,400	4,988	4,622	412	778	43,280	43,367	41,893	(87)	1,387	0%	1,387
Employee benefits	1,224	1,517	1,060	(293)	164	11,212	11,844	10,924	(632)	288	-5%	288
Contract labor	283	383	425	(100)	(142)	2,740	2,970	4,051	(230)	(1,311)	-8%	(1,311)
Professional fees	227	1,006	797	(779)	(570)	6,234	7,391	6,743	(1,157)	(509)	-16%	(509)
Supplies	1,023	1,175	1,137	(152)	(114)	8,879	9,198	8,466	(319)	413	-3%	413
Pharmaceuticals	272	272	342	-	(70)	2,479	2,479	2,656	-	(177)	0%	(177)
Purchased services	2,570	2,128	1,807	442	763	17,039	16,193	11,088	846	5,951	5%	5,951
Other	943	780	640	163	303	6,800	6,778	6,124	22	676	0%	676
Total Operating Expenses	11,942	12,249	10,830	(307)	1,112	98,663	100,220	91,945	(1,557)	6,718	-1.6%	6,718
Operating Gain/(Loss)	(74)	(238)	1,026	164	(1,100)	(9,122)	(13,134)	(695)	4,012	(8,427)	31%	(8,427)

Dedicated to health & well-being



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June 30, 2018 Income Statement with Forecast and Budget

	JUN 2018 YTD Actual	JUN 2018 YTD Forecast	JUN 18 YTD Actual /Forecast Var	YTD Variance %	Original 2018 Approved Budget	Adjusted 2018 Forecast Based on JAN 18
STATISTICS						
Admissions	3,853	3,831	22	0.57%	6,302	5,199
Patient Days	52,710	54,133	(1,423)	-2.63%	78,404	75,256
Emergency Room Visits	42,726	43,629	(903)	-2.07%	57,529	62,707
Clinic Visits	13,644	14,572	(928)	-6.37%	18,619	32,150
IP Surgical Visits	774	718	56	7.80%	990	975
OP Surgeries	894	800	94	11.75%	1,006	994
OPERATING REVENUE						
Net Patient service revenue	\$ 62,542	\$ 66,067	(3,525)	-5.34%	\$ 115,972	\$ 107,409
CNMC Revenue	2,119	2,177	(58)	-2.66%	3,023	2,902
Other Revenue	24,880	18,842	6,038	32.05%	6,436	29,734
Total Operating Revenue	\$ 89,541	\$ 87,086	\$ 2,455	2.82%	\$ 125,431	\$ 140,045
OPERATING EXPENSE						
Salaries & Wages	\$ 43,280	\$ 43,367	(\$ 87)	-0.20%	\$ 58,016	\$ 58,785
Employee Benefits	11,212	11,844	(632)	-5.34%	14,476	16,797
Contract Labor	2,740	2,970	(230)	-7.74%	2,560	4,585
Professional Fees	6,234	7,391	(1,157)	-15.65%	8,473	11,027
Supplies	8,879	9,198	(319)	-3.47%	9,938	10,327
Pharmaceuticals	2,479	2,479	-	0.00%	3,381	2,451
Purchased Services	17,039	16,193	846	5.22%	18,857	24,720
Other	6,800	6,778	22	0.32%	8,455	9,564
Total Operating Expense	\$ 98,663	\$ 100,220	\$ (1,557)	-1.55%	\$ 124,156	\$ 138,256
Operating Gain / (Loss)	\$ (9,122)	\$ (13,134)	\$ 4,012	-30.55%	\$ 1,275	\$ 1,789



Balance Sheet

As of the month ending June 30, 2018

	Jun-18	May-18	MTD Change	Current Assets:	Sep-17	YTD Change
\$	36,592	\$ 29,241	\$ 7,351	Cash and equivalents	\$ 25,855	\$ 10,737
	17,451	20,218	(2,767)	Net accounts receivable	24,240	(6,789)
	2,117	2,143	(26)	Inventories	1,904	213
	3,147	5,998	(2,851)	Prepaid and other assets	2,898	249
	59,307	57,600	1,707	Total current assets	54,897	4,410
Long-Term Assets:						
	235	235	-	Estimated third-party payor settlements	235	0
	73,736	74,579	(843)	Capital assets	79,387	(5,651)
	73,971	74,815	(843)	Total long term assets	79,622	(5,651)
\$	133,279	\$ 132,415	\$ 864	Total assets	\$ 134,519	\$ (1,240)
Current Liabilities:						
\$	-	\$ -	-	Current portion, capital lease obligation	\$ 36	\$ (36)
	11,110	12,058	(948)	Trade payables	10,259	851
	7,577	7,501	76	Accrued salaries and benefits	8,808	(1,231)
	1,887	1,887	-	Other liabilities	1,979	(92)
	20,574	21,446	(872)	Total current liabilities	21,082	(508)
Long-Term Liabilities:						
	10,601	7,374	3,227	Unearned grant revenue	1,328	9,273
	3,180	3,534	(354)	Estimated third-party payor settlements	4,683	(1,503)
	2,416	2,491	(75)	Contingent & other liabilities	2,016	400
	16,197	13,399	2,798	Total long term liabilities	8,027	8,170
Net Position:						
	96,507	97,570	(1,063)	Unrestricted	105,410	(8,903)
	96,507	97,570	(1,063)	Total net position	105,410	(8,903)
\$	133,279	\$ 132,415	\$ 864	Total liabilities and net position	\$ 134,519	\$ (1,240)



Statement of Cash Flow

As of the month ending June 30, 2018

		Dollars in Thousands	
		Year to Date	Prior Year
Actual	Month of June	Actual	Prior Year
	Prior Year		
\$ 8,673	\$ 11,042	\$ 67,828	\$ 71,225
(3,464)	(5,549)	(44,513)	(36,858)
(6,547)	(5,302)	(55,723)	(45,666)
843	874	5,036	11,254
(495)	1,065	(27,372)	(45)
Cash flows from operating activities:			
	Receipts from and on behalf of patients		
	Payments to suppliers and contractors		
	Payments to employees and fringe benefits		
	Other receipts and payments, net		
	Net cash provided by (used in) operating activities		
Cash flows from investing activities:			
	Proceeds from sales of investments		
	Purchases of investments		
	Receipts of interest		
	Net cash provided by (used in) investing activities		
Cash flows from noncapital financing activities:			
	Repayment of notes payable		
	Receipts (payments) from/(to) District of Columbia		
	Net cash provided by noncapital financing activities		
8,000	-	31,248	-
8,000	-	31,248	-
Cash flows from capital and related financing activities:			
	Repayment of capital lease obligations		
	Receipts (payments) from/(to) District of Columbia		
	Change in capital assets		
	Net cash (used in) capital and related financing activities		
	Net increase (decrease) in cash and cash equivalents		
7,351	(581)	10,737	(8,183)
29,241	29,964	25,855	(8,228)
\$ 36,592	\$ 29,383	\$ 36,592	\$ 29,383